Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.

Annual Child and Family Services Plan
2010

Annual Progress and Services Report

Chafee Plan

CAPTA Plan

Missouri Department of Social Services
CHILDREN'S DIVISION

Annual Progress and Services Report (APSR) FY 2009

CFSP Overview

A. Organizational Overview

The Children's Division, under the Department of Social Services umbrella, is designated to direct and supervise the administration of child welfare services to ensure the safety, permanency and well-being of children and families. These services are administered statewide within a centralized organizational framework.

Department of Social Services

Office of the Director

- Children's Division
- Family Support Division
- MO HealthNet Division
- Division of Youth Services
- Division of Finance and Administrative Services
- Division of Legal Services
- Information Technology Services Division
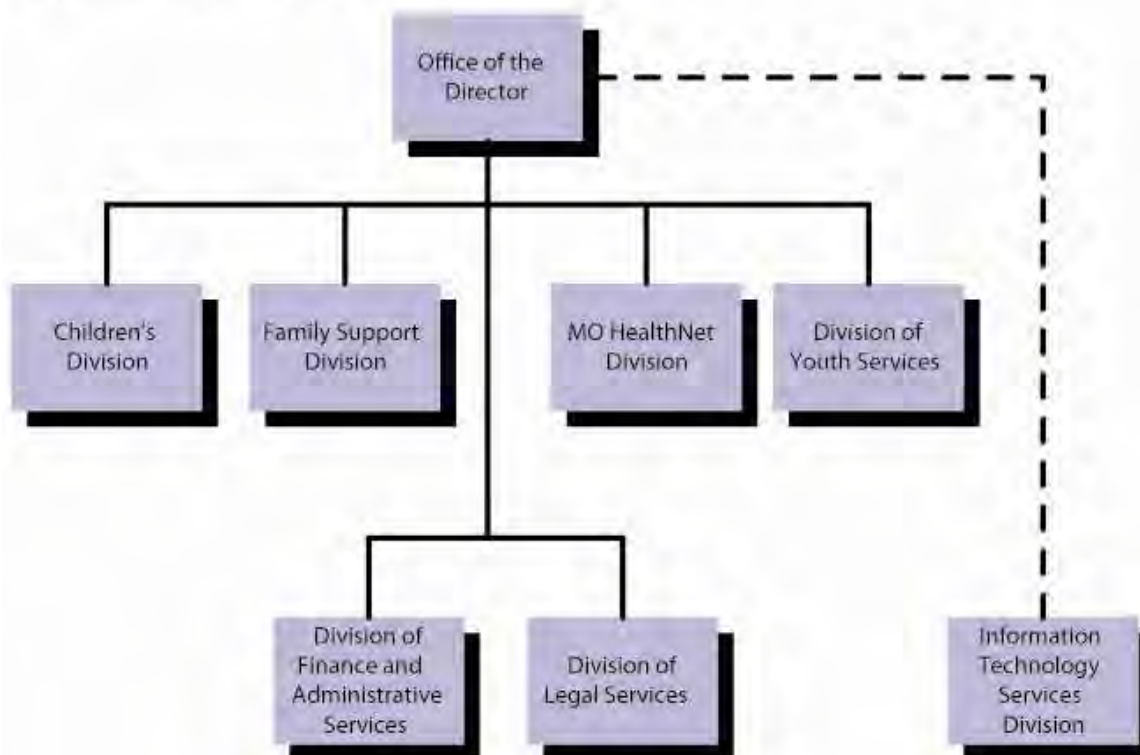
Description of Department of Social Services Centralized Structure
Within the Office of the Director, three programs exist under its purview. They are:
- Human Resource Center
  - Monitor job vacancies, create and maintain job classifications, oversee application process and employee benefits
- Research and Evaluation Unit
  - Provide monthly, quarterly and annual reports
- State Technical Assistance Team (STAT)
  - Missouri Child Fatality Review Program
  - Multidisciplinary child maltreatment investigation teams
  - Omni-source of information for the entire multidisciplinary community of professionals dealing with child maltreatment and child maltreatment, child exploitation and child fatality events

Within the Department of Social Services, there are four Program Divisions:
- Children's Division
    - Oversees a 24 hour child abuse and neglect hotline
    - Investigations child maltreatment reports
    - Provides foster care services for maltreated children
    - Provides preventive services to at-risk families
    - Provides intensive family supports for at-risk families
    - Assists with children finding permanency through adoption and guardian services
- Family Support Division
    - Oversees food stamp program
    - Child Support Enforcement
    - Temporary Assistance for Needy Families
    - Rehabilitation Services for the Blind
    - Eligibility Determination for MOHealthNet and MOHealthNet for Kids
- MOHealthNet Division
    - Purchases and monitors health care services for low income and vulnerable citizens
- Division of Youth Services
    - Care and treatment of delinquent youth
        - Includes assessment, treatment and education

Children's Division's Geographical Structure
Missouri has 114 counties and the City of St. Louis which are grouped together using pre-established judicial circuit boundaries. Each circuit has oversight by a Circuit Manager. The state is divided into five regions with each governed by a Regional Director. In the urban areas, the Regional Director and the Circuit Manager's position are held by the same person. Missouri's five regions are: St. Louis City, St. Louis County, Jackson County, Southern Region (East and West) and the Northern Region (East and West).

B. Summary of Plan

Missouri's Child and Family Services Plan (CFSP) is separated into sections; overview, annual progress, CAPTA plan, Chafee, financial, and supporting information needed for PI requirements. Within the annual progress and five year plan, our responses are connected to the Children's Division's (CD) guiding principles. These guiding principles provide structure and meaning to our overall vision and mission. By spotlighting the guiding principles, our staff remains focus on elements needed to carry out our mission. The six guiding principles are:

Protection
Children have a right to be safe and live free from abuse and neglect.
Permanency
Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.
Partnership
Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children – only through working together can better outcomes be achieved.

Practice
> The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.

Prevention
> Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.

Professionalism
> Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

C. Integration into the Child and Family Services Review Process

Missouri has just completed second round of the Children and Family Service Review (CFSR) process with the on-site review held on June 7-11, 2010. Being able to connect the Guiding Principles to the CFSR elements will be beneficial for Program Improvement Planning. By further connecting the CFSR elements and the Child and Family Service Plan (CFSP), additional benefits for staff will result. Here are the overarching connections between the principles and the CFSR/CFSP elements:

Missouri's Guiding Principle	CFSR Element	Children and Family Service Plan
Protection	**Item 1:** Initiating Timely Investigations **Item 2:** Recurrence of Maltreatment **Item 4:** Risk of Harm **Data Indicators:** Absence of Maltreatment of Abuse Absence of Child Abuse and/or Neglect in Foster Care	Descriptor of Child Abuse and Neglect programs CAPTA plan Accomplishments towards goals and objectives
Permanency	**Item 5:** Preventing Multiple Entries **Item 6:** Placement Stability **Item 7:** Appropriate Permanency Goals **Item 8:** Reunification, Guardianship, Relatives **Item 9:** Adoption **Item 10:** APPLA	Accomplishments towards goal and objectives Continuum of services Chafee Plan

Missouri's Guiding Principle	CFSR Element	Children and Family Service Plan
Permanency (cont)	**Case Review System** **Item 25**: Written Case Plan **Item 26**: Periodic Review **Item 27**: Permanency Hearing **Item 28**: Termination of Parental Rights **Item 29**: Notice of Permanency Hearings and Reviews to Caregivers **Permanency Composite 1:** Timeliness and Permanency of Reunification **Permanency Composite 2:** Timeliness of Adoption **Permanency Composite 3:** Permanency for Children and Youth in Foster Care **Permanency Composite 4:** Placement Stability	Adoption Incentives Adoptions from other countries, post-adoption services
Partnerships	**Agency Responsiveness to Community** **Item 38:** Agency Responsiveness to Community **Item 39:** Agency Annual Reports Pursuant to the CFSP **Item 40:** Coordination of CFSP Services with Other Federal Programs	Citizens Review Panels 1) Task Force on Children's Justice 2) Child Abuse and Neglect Review Board 3) State Fatality Review Board With recommendations and agency response CFSR Advisory Board (CFSP Oversight) Federal Grants and Programs

Missouri's Guiding Principle	CFSR Element	Children and Family Service Plan
Practice	**Item 11:** Close Proximity **Item 12:** Siblings Together **Item 13:** Visits—Child, Parents, Foster Parents, Siblings **Item 14:** Preserving Connections **Item 15:** Identifying Relatives **Item 16:** Maintain Parent-Child Relationships **Item 18:** Case Planning Involvement **Item 19:**Face-to-face visits--children **Item 20:** Face-to-face visits-parents **Item 21:** Educational Needs **Item 22:** Physical, Medical, Dental Needs **Item 23:** Mental / Behavioral Health Needs **Item 24:** Statewide Information System **Foster and Adoptive Home Licensing Approval and Recruitment** **Item 41:** Standards for Foster Homes and Institutions **Item 42:** Standards Applied Equally **Item 43:** Requirements for Criminal Background Checks **Item 44:** Diligent Recruitment of Foster and Adoptive Homes **Item 45:** State Use of Cross Jurisdictional Resources for Permanent Placement **Service Array** **Item 35:** Array of Services **Item 36:** Service Accessibility **Item 37:** Individualizing Services	Monthly Caseworker Visits Indian Child Welfare Act and coordination of permanency provisions, Coordination with Tribes Health Care services Disaster Plans Monthly Caseworker Visit Report
Prevention	**Item 3:** Services to Prevent Removal **Item 17:** Needs of Children, Parents, Foster Parents	Family Preservation Family Support and Time Limited Reunification, Subpart 1 Promoting Safe and Stable Families, Subpart 2 Continuum of Services Service Description

Missouri's Guiding Principle	CFSR Element	Children and Family Service Plan
Professionalism	**QA System** **Item 30:** Standards Ensuring Quality Services **Item 31:** QA System **Staff and Provider Training** **Item 32:** Initial Staff Training **Item 33:** Ongoing Staff Training **Item 34:** Foster and Adoptive Parent Training	Research / Evaluation Title IV-B / Title IV-E Training descriptors Evaluation and Technical Assistance (Received and Provided)

While the Child and Family Service plan lays out the state's vision and implementation plan for their Child Welfare programs, the Child and Family Services Review is the manner in which monitoring of the programs can occur. In addition, the on-site review measures the state's compliance with federal requirements. Both processes require setting goals and objectives relating to safety, permanency, well-being and engagement of stakeholders in assessment and planning processes. Therefore, connecting the elements of these processes together send a clear and concise message to Children Division's staff, hopefully avoiding confusion of having multiple processes. These connections and focus should be advantageous during the second round Program Improvement.

D. State Legislation Impacting Child Welfare
New Supreme Court rules went into effect on January 1, 2010. The following changes occurred as a result of the new legislation:
- The introduction of a Preliminary Child Welfare Proceeding which is held within three days after the petition is filed, but the child is not in protective custody;
- The Post-Permanency Review Hearing will now be called a Permanency Review Hearing. A Permanency Review hearing must be held every 6 months after the initial Permanency Hearing as long as the child remains in the custody of the Children's Division

In accordance to House Bill 481 related to Missouri statute 509.520 RSMo, which went into effect on August 28, 2009; the law states that any pleadings, attachments, or exhibits filed with the court in any case, should not include: the full Social Security number, the full credit card number, or other financial account number of any party or any child who is the subject to an order of custody or support.

E. Federal Legislation Impacting Child Welfare
With the passage of H.R. 6893: Fostering Connections and Increasing Adoptions Act of 2008 (Public Law 110-351) which was signed into law on October 7, 2008 made changes in the eligibility population for Chafee services and reinforcing changes regarding transition planning for older youth. The law amends the Chafee Foster Care Independence Program (CFCIP) to add provisions of services to youth who after age 16 leave foster care for adoption or guardianship. All youth who were adopted or entered guardianship after the age of sixteen are eligible for Chafee Foster Care Independence Program Services.

With the implementation of this law, adopted or guardianship youth become part of the service population in which outcome information must be reported to the Administration for Children and Families (ACF). The Older Youth Transition Specialist (OYTS) will continue to accept referrals and monitor contract services as well as provide support for the new served population. The law is not retroactive therefore it only applies to youth who were adopted or entered guardianship after the age of 16 on or after October 7, 2008. This additional served population is eligible for all services currently available to youth in foster care; however the Act is very clear that funding cannot be expended for room and board for any child who has not reached 18 years of age or for young adults upon reaching their 21st birthday.

The law also requires that, during the 90-day period prior to the youth's emancipation, the caseworker must develop a personalized transition plan as directed by the youth. The goal of transitioning from care planning is to identify and arrange for anticipated service needs for older youth who will soon be exiting from foster care. Exit planning is viewed as a collaborative effort between the youth, staff and Family Support Team (FST) members to ensure needed services are in place or the youth is aware of how to access services in their community prior to release. In addition to this new legislation regarding a documented **plan**, Council on Accreditation (COA) standard PA-FC 13.01 requires agencies to provide youth transitioning to independence with at least six months advance notice of the cessation of any health, financial, or other benefits that will occur at transition/case closing.

Annual Progress of Child Welfare Continuum of Services

This section describes programs and services which support a continuum of services within Missouri's Child Welfare arena. Each program write-up provides, when applicable, supporting change evidence from the past year's Annual Service Plan Review (ASPR). Regardless if programs are served by public or private entities, Missouri strives for a seamless transitioning process from one program to another. Strong partnerships assist in the transitioning process.

The primary purpose of the Child and Family Services Plan (CFSP) is to review the integration of programs serving children and families and to make sure the continuum of services is adequate to meet the needs of those served. From the local level to the state, messages are proclaimed robustly and continually that everyone must work together to help families in need. From prevention, protection and permanency, Missouri Children's Division strives to continually evaluate our programs and services to advance the quality of our overall child welfare system.

A. Protection

Child Protective Services (CPS) is a program mandated for the protection of children alleged to be abused and neglected. This program provides specialized services seeking to prevent abuse and neglect of children. The CPS program receives, screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children and evaluates conditions which support or refute the alleged abuse or neglect and need for emergency intervention.

The purposes of Missouri's CPS program are:
- To protect the health, safety, and welfare of children by encouraging the reporting of suspected child abuse and neglect
- To assure that appropriate protective services are provided to abused and neglected children and their families and to protect children from further harm
- To provide support, counseling, and other services to children and their families to ameliorate the effects of child abuse and neglect
- To promote the well being of the child in his or her home setting, wherever possible, or in another safe and stable placement

This program provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. It provides an array of services including:
- operating a single, statewide toll-free telephone number for receiving child abuse/neglect (CA/N) reports
- conducting CA/N investigations, family assessments and preventive services screenings
- providing newborn crisis assessment and services
- providing background screening checks on current or prospective employees and volunteers for children/youth serving agencies
- Healthy Children and Youth Program
- preventive and protective child care services
- Family-Centered Services

Child Abuse and Neglect Hotline Unit

The Missouri statute specifically charges the Children's Division (CD) with the responsibility of operating a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). All hotline calls are screened, assessed, and classified by Children's Service Workers, who meet the same job qualifications as CD field investigators.

Hotline workers use a structured-decision-making Protocol tool for conducting interviews, designed to assure for consistency and objectivity. This screening tool incorporates decision trees for classifying response time (3 hour, 24 hour, or 72 hour) and track assignment (investigation or family assessment track) on CA/N reports.

The hotline received 128,507 calls in SFY 09. Administrative functions accounted for 21,058 calls; of the remaining 107,449 calls, 52% were classified as CA/N reports, 33% as non-CA/N referrals (for appropriate CD intervention or referral to another agency), and 15% as "documented" calls that were not forwarded to a CD field office.

Hotline calls in SFY 08 were comparable to SFY 09 with a total of 127,925 calls. Administrative functions accounted for 22,113 calls; of the remaining 105,812 calls, 53% were classified as CA/N reports, 32% as referrals, and 15% as "documented" calls.

Hotline calls in SFY 07 had a total of 131,060 calls. Administrative functions accounted for 23,175 calls; of the remaining 107,885 calls, 54% were classified as CA/N reports, 31% as referrals, and 15% as "documented" calls.

The hotline automated system is SACWIS compliant and was designed for simultaneous data entry of call information during the telephone interview.

The hotline utilizes Call Management System technology to provide optimum coverage and customer service. Real-time call data is continuously available to both workers and supervisors. During 2009, hotline staff answered 96% of calls offered and gave an average of 120 busy signals per month. During 2008, hotline staff answered 94% of calls offered and gave an average of 314 busy signals per month. During 2007, hotline staff answered 93% of calls offered and gave an average of 226 busy signals per month.

In 2009, the outcomes of 5513 hotline peer record reviews confirmed that hotline workers continue to make accurate and consistent call classifications. Results on six measures listed below ranged from 98%-100% accuracy for calendar year 2009.

#	CANHU PRR Results	Q1	Q2	Q3	Q4	YEAR
1.	Was the answer to ENTRY question #11 summarized clearly?	99%	100%	100%	100%	100%
2.	Were all correct PATHWAYS chosen based on the answer to ENTRY question #11?	99%	99%	99%	100%	99%
3.	Was the call correctly classified as a CA/N Report?	99%	99%	99%	99%	99%
4.	Was the correct Response Priority chosen?	99%	99%	99%	99%	99%
5.	Was the correct Track assignment chosen?	98%	98%	99%	98%	98%
6.	Was the county of assignment correct?	100%	100%	100%	100%	100%
	Total Number of records	**1313**	**1532**	**1256**	**1412**	**5513**

Child Abuse/Neglect Reports

Over the past year, the Children's Division received 51,896 reports of child abuse/neglect, involving 75,544 children. Below is a table showing the percent of change for the past four years.

Children's Division Child and Abuse Annual Report, CY 2009, Page 1

Year	Total Reports	Annual Change	Total Children	Annual Change
2005	54,108		80,577	
2006	51,383	-5.0%	75,474	-6.3%
2007	52,979	3.1%	77,481	2.7%
2008	50,565	-4.6%	75,781	-2.2%
2009	51,896	2.6%	75,544	-0.3%

In CY-09, Missouri substantiated 4,129 hotline reports involving 5,654 children, and in CY-08, 4,131 hotlines were substantiated involving 6,732 children.

According to the Child and Family Data Profile, produced January 29, 2010, for absence of maltreatment recurrence, Missouri has passed and well exceeded the benchmark of 94.6% or more with outcomes of 95.5% in 2007; 97.1% in 2008. Another data indicator included in this profile is absence of child abuse and neglect in foster care in which Missouri surpassed the benchmark of 99.68% with an outcome of 99.71% for 2008; however in 2007 the outcome was 99.62%, just slightly under benchmark. In addition, the overall combined mock review scores from all six reviews for Item 2, Repeat Maltreatment, is 96% which supports the state data profile outcomes.

Child Abuse and Neglect Investigations/Family Assessments

In CY-09, 52% of the calls received met statutory requirements for child abuse and neglect reports were relatively unchanged from CY-08 with 53% of the calls meeting the requirements. Of the 52% received in CY-09, 45% were coded to the investigation priority track and 51% were coded for family assessments (4% coded ―other", i.e. inappropriate report, etc). Of the 53% received in CY-09, 42% were coded to the investigation priority track and 54% were coded for family assessments (4% coded ―other", i.e. inappropriate report, etc).

Reports of child abuse/neglect can be made by persons who are either ―mandated" or ―permissive" reporters. Mandated reporters are required by state statute (RSMo 210.115) to report abuse/neglect when they have reasonable cause to suspect a child has been or are being abused. Mandated reporters include health and education professionals, social workers, ministers and foster parents, among others. Permissive reporters are those people not required to report suspected abuse/neglect, such as relatives or neighbors. In CY-09, 58% of the reports were made by mandated reporters, the same as in CY-08. Below is table illustrating the reporters' break out by type for CY-09.

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Reporter Type	Number	Percent
Permissive	21,701	38.5%
Principal or other school official	7,642	13.6%
Social Worker	7,150	12.7%
Law enforcement	6,576	11.7%
Nurse	2,741	4.9%

Mental Health Professional	2,505	4.4%
Unknown	2,046	3.6%
Other Persons with responsibility for care of children	1,432	2.5%
Teacher	1,139	2.0%
Juvenile Officer	783	1.4%
Physician	719	1.3%
Day Care Center/Child Care Worker	575	1.0%
Psychologist	299	0.5%
Other Health Practitioner	238	0.4%
Other Hospital/Clinic personnel	203	0.4%
Foster Parents	171	0.3%
Minister	101	0.2%
Probation or parole officer	80	0.1%
Medical Examiner	66	0.1%
Intern	43	0.1%
Coroner	36	0.1%
Jail or detention personnel	25	0.0%
Dentist/Dental hygienist	23	0.0%
Residential worker	4	0.0%
Chiropractor	1	0.0%
Optometrist	1	0.0%

As this table shows, the most common mandated reporter occupation was school official, followed by social worker and law enforcement officers.

The CD continues to focus attention and resources on its core functions. Investigations and assessments for CA/N remain a top priority for the Division. Technical assistance is available to local offices by central office staff to assist and support investigation and family assessment duties during periods of staff and/or supervisor shortages, and to ensure timely completion of reports. During FY 2008 and FY 2009, the percent of hotlines completed within 30 days remain constant at 60% which is a slight increase from FY 2007 of 52.65%.

When a Children's Service worker determines there is reasonable cause that abuse/neglect has occurred, each child is assigned a category or multiple categories of abuse and neglect. The substantiations are illustrated in the table below.

Children's Division Child and Abuse Annual Report, CY 2009, Page 10

Category	2009	2008	2007
Neglect	51.8%	43.8%	50.0%
Physical Abuse	31.8%	26.0	29.1%
Sexual Abuse	26.4%	23.1	26.6%
Emotional Maltreatment	4.0%	5.2	6.1%
Medical Neglect	2.4%	3.0	2.8%
Educational Neglect	0.8%	1.4	2.2%

Non-CA/N Referrals (Preventive Services)

While 52 percent of the child abuse/neglect hotline calls received met statutory requirements for child abuse and neglect reports, another 35,822 were considered non-child abuse and neglect. These calls of concerns were distributed through several avenues for follow up, such as through

referrals to community services, notification of law enforcement due to the alleged perpetrator was a non-caretaker or a need for a newborn assessment has been identified.

The CD continues to work on collaboration issues with other community responders related to non-caretaker referrals. Presently, no policy or practice changes have been implemented by the CD, however, it is anticipated the juvenile offices and law enforcement agencies will be assuming primary accountability for investigating reports screened out by the CD due to lack of care, custody, and control by the alleged perpetrator. With these reports, CD will continue to provide preventive services and supports to families with safety planning related to the offending behaviors in non-caretaker referrals when they involve children.

Newborn Crisis Assessment and Services

Pursuant to Chapter 191 RSMo, the division must respond to calls to the child abuse/neglect hotline in which a home assessment is requested by a physician or other medical personnel when they have serious reservations about releasing an infant from the hospital and may be sent home to a potentially dangerous situation. There may also be other non-drug related situations in which a physician/health care provider is concerned about releasing a newborn infant from the hospital. Non-drug involved referrals are accepted until the child is one year of age.

The process of how the family is contacted, assessed, and referred for services to the local DHSS/Special Health Care Needs (SHCN) Regional Office remains unchanged. During CY 2009, 2,765 calls were screened at the Child Abuse/Neglect hotline as a newborn crisis assessment compared to 2,805 in CY 2008; and 2,774 calls in CY 2007.

Background Screening and Investigation Unit

The Background Screening and Investigation Unit (BSIU) continue to conduct background checks for Missouri employers for their current or prospective employees/volunteers who have responsibility for child care/supervision. These checks assist the employers in assessing if the employee is an appropriate child caretaker. The checks may also be requested by parents/legal guardians for prospective child care providers for their children. During 2009, BSIU processed 110,422 screenings compare to 2008 of 117,970 screenings.

An on-line background screening system was implemented in August 2008. This new system allows background screenings requestors to input identifying information into an electronic application form. The on-line screening procedure has significantly improved response time, and in many cases the screening results are received by the next working day.

Child Advocacy Center (CAC)

Child Assessment Centers (CACs) are a safe and neutral place where children can go to ensure they receive specialized forensic, medical and therapeutic services necessary to treat the effects of physical, emotional and psychological trauma caused by abuse. CACs provide a safe place where law enforcement, prosecutors and Children's Division's investigators can work together to explore abuse allegations in a manner sensitive to the needs of young victims and their families. CACs in Missouri are regionally located and provide services to all of Missouri's counties. Missouri has fifteen regional advocacy centers with the main offices located in: St. Louis (two locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Sullivan and Desoto, Wentzville, Cape Girardeau, Doniphan, Columbia, Parkville, Osage Beach, and

Branson West. Satellite offices are also located in: Nevada, Pierce City, Poplar Bluff, Ellington, St. Robert, Farmington, and Hannibal. In total, CAC services are provided in 24 locations around the State.

All Centers in Missouri are accredited by the National Children's Alliance. Centers go through an extensive accreditation process which requires that Centers meet eleven areas of criteria for providing services. All Centers are reaccredited every five years. During calendar year 2009, 6,010 children received full forensic services compared to 5,859 children in calendar year 2008. Child Advocacy Centers provide a child friendly facility bringing together highly trained forensic interviewers and child advocates with multidisciplinary team investigators. This limits trauma to the child and facilitates a more effective investigation. Child Advocacy Centers also provide access to full forensic medical examinations by specially trained medical professionals.

Sexual Assault Forensic Examination (SAFE)-Child Abuse Resource and Education (CARE) Network

In SFY 09, SAFE-CARE exams were conducted by 87 participating providers and a total of 2,493 exams were completed. SAFE-CARE exams are at times conducted at the physician's medical office; however, they are also completed at Child Advocacy Centers (CAC). The SAFE-CARE exam process allows for a one-time interview of the victim, with the opportunity for the physical examination to occur in the same location, preventing unnecessary stress and trauma to the child victim and their family. CACs often facilitate scheduling the exams and interviews to further assist in the investigation process.

In SFY 09, the SAFE-CARE Network received $291,000 in state funding to enhance the statewide medical response to child maltreatment. Through a contract with Missouri KidsFirst, this funding was utilized in the development of three Resource Centers, a part-time Medical Director, and a tiered system of care. The Resource Centers are located within the state's three largest children's hospitals. Resource Centers provide training to SAFE-CARE medical providers, multidisciplinary team members, and primary care medical providers. A mentoring program will be available for providers who are new to the field of child maltreatment. Online training modules were developed for sexual abuse evaluation. The modules will be available to medical providers for basic and advanced level training.

B. Permanency

Alternative Care Services

Alternative Care is temporary care by the Children's Division for a child who has been removed from his or her home due to dependency, abuse or neglect. The goal for most children in alternative care is to return to their parent(s) when the circumstances which led to out-of-home placement have been resolved. However, sometimes children are not able to return home and need a permanent family. Out-of-home placements are selected to provide secure, nurturing and homelike settings for children.

Permanency planning and concurrent planning begin within the first 24 hours after a child is removed. Children's Service Workers schedule a meeting with the family within 24 hours of removal to discuss the plan to get the child reunified if that is the case plan. Family Support Team Meetings are held within 72 hours of placement and every 30 days thereafter until court adjudication. After court adjudication, meetings are held as needed but at least every 6 months to discuss permanency and review progress. During the 72 hour meeting, the family support

team develops the preliminary written service agreement which establishes the plan for the first 30 day treatment period. The initial 30 days is critical to timely reunification thus efforts have been made to ensure that staff are meeting with their families to provide the needed support and resources. The child assessment and service plan must be developed within 30 days and updated every 6 months or more frequently as needed.

In 2009, there were 14,256 children in the legal custody of the Division with 5,447 entering during the fiscal year. Out-of-home resource placements include emergency shelter care, family foster homes, kinships homes, relative homes, level A (behavioral), level B (career), medical homes, group homes, and residential treatment centers. All out-of-home resource providers are required to be licensed, contracted, pass a child abuse/neglect background screening and a criminal background check. The electronic fingerprint live scan systems are designed for ease of use and for capturing high quality fingerprint images, helping to ensure superior acceptance rates and accurate criminal history information. The prints are submitted for processing to State and Federal Automated Fingerprint Identification Systems. Employees of group homes and residential treatment centers are also required to submit to the background screenings and checks.

In July of 2008, resource staff and their supervisors were given the ability to access to the online Family Care Safety Registry to expedite the background screening process and to make the licensing process more timely and efficient.

Partnering with both formal and informal community organizations to support families involved in child welfare is necessary to build stronger families and stronger neighborhoods. The CD believes child welfare services can best be provided through public/private partnerships, including:

- St. Louis City based Family to Family Initiative provides the CD with an opportunity to develop culturally sensitive family foster homes which are located primarily in the communities in which the children live.
- The Fostering Court Improvement program which is available in many judicial circuits across the state. This group includes the judge, juvenile office, CD, Guardian ad Litem, CASA, and any other necessary members of the community. The team meets monthly to discuss issues related to alternative care including how to provide better services for our children and families.
- An extensive array of purchased services from local public and private contractors.
- A comprehensive children's mental health services system to meet mental health needs of children and divert children from going into foster care based solely on the need to access clinically indicated mental health services.
- Funding streams such as psychiatric diversion to reduce barriers to obtaining needed services and preventing unnecessary psychiatric hospital placements.
- Community-Based Child Abuse Prevention (CBCAP) services.
- Foster Care Case Management Contract to serve children with multiple placement disruptions and requiring more restrictive levels of care.
- Kinship Care to allow children to remain living within their extended family structure.
- Transitional Living Program to offer different living situations for older youth which allows for autonomy while still receiving the needed support, services and supervision.

Foster Care Strategies

As a result of a subcommittee of the Foster Care Workgroup, there has been a redesign of the Behavioral and Career Foster Care programs.

The goal of the workgroup was to develop a program to improve child stability and well-being, enhance current policy, and standardize the Youth with Elevated Needs program statewide. The revised program more accurately captures the needs of the child by utilizing a level system instead of focusing on the negative behaviors. The revised program introduced three new tools to help with the referral process and subsequent review process. These new tools are used statewide in an effort to provide more consistency across the regions. There is continuous evaluation of the child's status every 6 months to ensure that the children are placed in the least restrictive environment. If it is determined that the child no longer meets the criteria for the Elevated Needs program, they will be stepped down to a less restrictive level.
Because some knowledge and skills are essential before children are placed with families, competencies were developed for resource providers of youth with elevated needs. The competencies will assist resource workers in assessing the needs of the resource providers and identifying services to achieve these competencies. The STARS training for staff was also introduced with the new program. STARS for staff was designed to help workers understand the individual needs of the youth and to provide necessary support to resource providers.

In addition, recent legislation was passed that requires the Children's Division to consider placing children in alternative care with grandparents over any other relatives or foster parents. Research shows that children who are placed with relatives initially have fewer moves and better placement stability.

A bill was passed regarding educational rights for children in foster care. In the past, it has been up to the school district to allow a child in foster care to remain in their school district even if they move out of the school district. There has been a recent push in legislation to allow children to remain in their school district to maintain educational stability for the child. School is where children spend most of their day. School stability is important to the success of children in care.

Two circuits in the state have also developed parent education videos that educate parents about alternative care, and the court system. During the video, several members of the community talk about what happens while a child is in alternative care and strategies to reunify timely. This tool has allowed parents to be more educated about the alternative care system and the court system.

Throughout the process of accreditation, all the circuits in the state have been participating in case reviews which evaluate practice and services provided to families. After the case review, the information is used to develop strategies to improve practice.

An increase in clothing allowance rates for all children in alternative care was approved as of July 1, 2009. In addition, foster parents can receive a diaper allowance for children up to the age of 3 years old. Prior to July 1, 2009, the diaper allowance was only allowed for children up to 2 years of age.

Alternative Care Maintenance Rates

Maintenance rates were increased for all traditional, medical and behavioral placements. The increased amounts seen by all foster, relative and kinship providers went into effect in July 1 2009.

- Age birth to 5 $271 to $282
- Age 6 – 12 $322 to $335
- Age 13+ $358 to $372
- Level A $708 to $732
  (Behavioral/Medical)
- Level B $47 a day to $48 a day
  (Career)

Kinship Care

The Kinship Care program continues to be a successful component of the CD's practice. The process of allowing 90 days to complete licensure is facilitating approximately 30 percent of children in CD custody to be placed with family and kin. The CD continues to make it a priority to locate these placements for children entering out-of-home care. A subcommittee of the Placement Stability work group developed recommendations for enhancing Kinship placements. The process is assisting in assuring that relative and kinship providers are able to meet the needs of the children and reduce the financial and emotional stress of the addition to the household. In SFY 2009, 31.8% of the children in foster care were served through a relative placement compared to 24.32% in SFY 2008.

Specialized Care Management Contract

The "Specialized Care Management" contract awarded to Missouri Alliance for Children and Families (MACF) in April 2006 has been renewed for another year. The contract is capped to serve a maximum of 350 youth in the Central and Eastern regions but through a cooperative agreement which was completed in December 2007, an additional 20 youth will be served in Jackson County and an additional 30 youth will be served in the Southwest Region. This agreement is specific to serve those youth currently in a residential placement identified as level IV or above level IV residential placements. This contract and agreement will provide intensive wraparound services and supports by ensuring a maximum case management ratio of 1 to 10, although some caseloads are below this limit.

Negotiations were held with MACF to change some of the outcomes for the renewal of the Specialized Care Management contract. There are now 10 specific outcomes established for this contract dealing with Safety, Permanency and Stability and Child Well-Being.
- 99.43% or more of all children enrolled with the contractor during the reporting period shall not be the subject of reports of child abuse or neglect where there is finding of a preponderance of evidence.
- 95% or more of all children referred to the contractor during the reporting period shall not be on/or have been on runaway status.
- 95% or more of children referred to the contractor during the reporting period shall not be or have been arrested or detained.
- 85% of children dis-enrolled from the contractor must remain stable in their community placement for 90 days.

- o 75% or more of youth during the reporting period will not experience a same placement type or a more restrictive placement type move.
- o 50% or more of all children placed in residential care at the time of enrollment will be moved to a less restrictive setting within 120 days.
- o 95% or more of all children enrolled with the contractor during the reporting period must have received weekly face-to-face contact with contractor staff to ensure safety.
- o 90% or more of all children dis-enrolled or discharged must have had a physical examination within the past 12 months.
- o 90% or more of all children enrolled with the contractor during the reporting period must be enrolled in school or have successfully graduated.
- o 70% or more of all children enrolled with the contractor for six months or longer during the reporting period must have an improved CSPI score.

All of these measures address the CD's and MACF's commitment to ensure youth are safe and stable and have the opportunity to be successful. Current performance indicates MACF met most outcome measures with these exceptions: less restrictive setting within 120 days if in a residential setting, weekly face-to-face meetings, and physical exams within the past 12 months of dis-enrollment.

Foster Care Case Management Contract

The movement from a fee for service model to a performance based contract for foster care case management services altered the payment structure considerably. Each contractor receives the base caseload which they were awarded. The base caseload and the percentage of children which are expected to move to permanency in 12 months are used to calculate the total number of additional referrals the consortium will receive throughout the contract year. The contractor is only paid for the base caseload. If they fail to meet the permanency expectation they will serve more children than what they are paid for. If they exceed the permanency expectation they will serve less than what they are paid for.

The initial contracts were awarded on 6/1/05 to seven provider consortiums to serve the St. Louis, Kansas City, and Springfield regions.   The St. Louis Region consists of St. Louis City, St. Louis County, Jefferson County and St. Charles County. The Kansas City region consists of Jackson County, Clay County, Andrew County and Buchanan County. The Springfield region consists of Greene County, Christian County, Taney County, Lawrence County, Barry County and Stone County.

The current contracts were awarded to the initial seven consortiums effective 8/11/08. Three additional contracts were awarded 9/1/08 to serve 12 counties in the central and southwestern part of the state. These regions consist of Randolph, Howard, Boone, Callaway, Camden, Laclede, Pulaski, Phelps, Texas, Jasper, Newton and McDonald Counties.

As of 4/30/10 the active caseload for private contractors consisted of 2,809 children. This compares to 10,035 children served statewide. Approximately 28% of the foster care population is served through contracted case management providers.

Two ―mirror" units, comprised of Children's Division staff who performed case management duties under conditions which replicate the contracts, were established in the Springfield and Kansas City regions. The mirror units allowed an opportunity for early detection of problems with the contract design. In addition, they allowed an opportunity to explore the conditions

which are necessary to produce improved child welfare outcomes. Performance of the mirror units was utilized for evaluation purposes for the first four years of the contract. As circuits prepared for COA accreditation caseloads were reduced for all Children's Division staff. Supervisory ratios and staff development expectations were also standardized for all state agency staff. As such, the mirror units no longer served a purpose. The mirror units were disbanded effective 9/30/09.

The evaluation of these contracts compares data across three groups: Contractors; CD mirror units (designed to match the contractors on certain criteria); and Children's Division staff serving the contracted regions which were not matched to the contractors on caseload size etc. Year 3 data demonstrated the success of the performance based contracts. It also showed that Children's Division staff can be successful providing case management services. As circuits prepared for their COA on-site reviews caseloads were reduced to meet those standards. These are the same standards specified in the performance based case management contracts. A reduction of caseload size has likely been a contributing factor to the successful outcomes for Children's Division.

Other Permanent Living Arrangements

The Family Support Team (FST) may determine during an administrative review or at the permanency hearing there is a compelling reason that the four preferred permanency options of reunification, adoption, guardianship or relative placement are not in the child's best interests. The option of another permanent planned living arrangement (APPLA) may then be explored. APPLA is a specific permanent placement for the child, not just a foster care placement that can be indefinitely extended. The Children's Division has identified all youth who have an APPLA goal and this information has been sent quarterly to the Circuits for review to ensure this goal is being used appropriately and that it meets the needs of the youth. The permanency goal should be discussed at every Permanency Planning Review. Children are placed in APPLA only in cases where the Family Support Team believes and has documented to the court that this placement will endure until the youth becomes independent. In addition, the placement provider is in agreement with the plan and is able and willing, with the assistance of the Division, to meet the safety, permanency, and well-being needs of the youth. The placement provider will make a formal Planned Permanency Agreement with the Division for this purpose.

When a youth is in APPLA, all case management services are afforded the youth including working with the resource or birth family to assess risk, participating in the development of the permanency plan, identifying and providing needed services and meeting with the youth and family to ensure desired outcomes are attained. Services will continue until the youth is released from the jurisdiction of the court.

Foster and Adoptive Parents Recruitment

Missouri utilizes a diligent recruitment model for potential foster and adoptive families that reflect ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. These diligent recruitment activities involve utilization of bus ads and grocery store checkout ads in locations consistent with the ethnic and racial make up of children in the foster care system for that area. Additionally, the Children's Division coordinates with faith partners in communities throughout the state to showcase by presenting the photos and profiles of children currently waiting for adoption that are also representative of the population of children we are recruiting for in foster care. The Division is mindful when developing promotional materials for

the foster adopt program focusing on children's characteristics (race, ethnicity, age, etc.) which comprise our foster care and waiting adoption population.

In an effort to address concerns for multiple moves for children, St. Louis City began offering new foster parents the unique opportunity to hold a dual emergency and traditional foster home contract in 2006. Children not having to move from an emergency to a traditional foster placement often resulted in less trauma to the children. This has assisted in the increased availability of emergency placement slots for after-hours placements. St. Louis City currently has 29 dually licensed homes. Twenty of these are on the emergency list and will take children after hours.

As of June 30, 2008 there are approximately 575 homes and as of May 31, 2010, there are approximately 639 homes approved by CD as adoptive homes that do not have adoptive children placed at this time.

The CD has devised several strategies in an effort to continue meeting the national standard of 32 percent for all children who exited care to a finalized adoption within 24 months. In addition to the above efforts by state and local staff to recruit and retain resource families, local circuit meetings continue to be held with Juvenile courts to address procedures for filing of Termination of Parental Rights petitions. Access to legal representation has also been improved for CD staff through a joint memorandum and protocol with the Division of Legal Services. The number of finalized adoptions in FY 07 was 1191 and the number of finalized adoptions in FY 08 was 1117.

As of 4/30/09 there were 1,689 children who were available for adoption and awaiting adoptive placement or finalization of adoption; and as of 5/31/10 there were 1310 children who were available for adoption and awaiting adoptive placement or finalization of adoption.

The CD adoption recruitment plan has two components; a group of core activities for which Central Office and every county office will be responsible, and a group of optional activities from which offices may select. Through these activities, the CD desires to reach all potential families regardless of their cultural and socioeconomic status. The core activities of the recruitment plan include:
- Distribution of informational packets
- Completing family assessments timely, within 90 days
- Regular use of the media for recruitment
- *Home for the Holidays* collaboration with the Dave Thomas Foundation
- Utilizing and maintaining CD Internet web page and working with two national sites where CD children are featured
- Photo listing: http://www.dss.mo.gov/cd/adopt. This web site lists profiles and the pictures of approximately 200 of Missouri's waiting children. This site is maintained by the Collaboration to AdoptUSKids http://www.adoptuskids.org site. The AdoptUSKids and National Adoption Exchange (www.adoptex.org) are national websites where Missouri's waiting children are featured
- Celebrating National Foster Care month (May) and National Adoption month (November) and include media campaigns and print materials for recruitment
- Continued collaboration with community agencies and maintaining the CD recruitment efforts

The optional activities for local offices include:
- Northwest Adoption Event
- Northeast Adoption Event
- Linking Hearts Adoption Open House at Ft. Leonard Wood. Effort to profile children and meet families interested in fostering and adopting
- Jackson Co. website allows waiting children to be featured as well as information to be shared with the public in electronic format regarding training classes and general information about CD programs. Sponsored by LINC of Jackson County
- Heart Gallery
- National Recruitment Saturday Celebration in St. Louis County
- Faith based mini-conferences in St. Louis, Jackson County and Springfield
- Jackson Co. and St. Louis have started a bus campaign to recruit foster and adoptive families
- St. Louis also began a movie ad campaign that has been successful
- Profiles of waiting children run in the Kansas City Star
- Wait No More Adoption Events (Memo CD09-46)

The following steps are completed for every foster/adoptive applicant and other adult household member (age 17 and older).

1. The CA/N background screenings are conducted by the local CD.
2. CA/N background screenings are requested from every state where the applicant and household member 17 years old and older has lived since 17 years of age.
3. Each household member 17 years of age and older must register with the Family Care Safety Registry (FCSR). The registry is maintained by the Department of Health and Senior Services (DHSS) and searches the following systems:
   - CA/N records (findings of "Preponderance of Evidence" or "court adjudicated", or prior to August 28, 2004, Probable Cause findings)
   - Employee Disqualification List, maintained by the Department of Health and Senior Services (DHSS)
   - Child-care facility licensing records maintained by DHSS
   - Residential living facility and nursing home records, maintained by DHSS
   - Employee Disqualification Registry maintained by Department of Mental Health
   - Foster parent licensing records, maintained by the CD
   - Sex Offender Registry information maintained by Missouri State Highway Patrol (MSHP)

State and national criminal record checks are completed for each household member age 17 or older, or any person under the age of 17 who has been certified as an adult. Fingerprints are required. The MSHP completes a state criminal record check and then electronically sends the fingerprint images to the FBI for a national search of criminal records.

The criminal record check may reveal open and closed record information on individuals consisting of arrests, prosecutor and court actions, correctional supervision, and release. All felony and serious misdemeanor arrests including sexual offender registration information as defined under 589.400, RSMo. All alcohol and drug related traffic offenses are considered reportable criminal offenses.

The CD Background Screening and Investigation Unit (BSIU) maintain a log of all criminal background checks completed on alternative care providers and applicants. Beginning in July

2005 the CD began using electronic fingerprinting. In the past 5 years BSIU has logged over 37,818 fingerprint results. Each year there is an average of 9,454 fingerprints logged.

The division utilizes the electronic scan service for the collection of fingerprints. The service is called Missouri Applicant Processing Services, or MOAPS. After the FBI completes its search, results are forwarded to the MSHP, who forwards the results to BSIU.

Case.net, the Missouri State Courts Automated Case Management System, is examined for any reference to Orders of Protection filed, either for a child or adult. There are limits to the use of Case.net.

Adoption Services

Missouri Law identifies the CD as one of the agencies which may place a child for adoption, and establishes time frames for the completion of court ordered/requested adoption assessments conducted once the child is placed in the prospective adoptive home. The court may direct any appropriate individual or agency, including the CD, to complete the assessment.

When it is not possible or in the best interest of the child to return to their biological family, consideration is given to placing the child for adoption. Several factors influence this decision; the attachment of the child to his/her biological family, the parent's ability and willingness to voluntarily relinquish the child for adoption, the juvenile court's determination of whether or not parental rights will be terminated and the older child's desire to be placed in an adoptive home.

Persons who are interested in becoming adoptive parents currently apply at local CD offices. All applicants must complete the STARS/Spaulding training provided through the Division. CD workers and/or contracted providers, in coordination with the training complete the family assessment and screen suitable families. The home studies are initiated within 30 days of the receipt of the application and completed within four months for families to be considered for adoptive placements. Priority is given to those families interested in adopting a special needs child.

The Division maintains an Internet web site Adoption Photo Listing that is located at http://www.dss.mo.gov/cd/adopt. Children listed on the web site receive exposure on this site; they may also be featured on other sites such as the national AdoptUSKids site at www.adoptUSkids.org, the Adoption Exchange Website at www.adoptex.org. The Adoption Exchange also manages the Missouri Heart Gallery site located at http://www.moheartgallery.org. In addition to these sites, Jackson Co/Kansas City has a website for presentation of children in that region that may be accessed at www.kcchildren.org.

The CD actively recruits foster/adoptive families and enlists the assistance of community partners as well as the faith communities through publicity efforts which utilize newsletters, printed promotional material, public service announcements and local projects.

Subsidized Adoption Program

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive

for a potential adoptive family. Before the adoption subsidy program, the only alternative was to leave the children in foster care. Adoption subsidy gives the child the benefit of a permanent family while assisting the family who would otherwise be unable to adopt the child.

In recent years, the vast majority of children placed for adoption by the CD have had special needs. The agency has devoted a large portion of its resources and placed a priority on finding homes for these children. As of May 31, 2010, 14,373 children were receiving adoption subsidies at an average monthly cost of $379.80 per child. Total expenditures for the adoption subsidy program for FY 09 were $65,506,576.02; which was an increase from $63,184,096.89 in FY 08. Currently there are 13,000 adopted and 3300 guardianship children served through the subsidy program with an annual budget of 82 million dollars.

The CD released revised adoption and guardianship subsidy contracts on May 2, 2008. This contract is more streamlined and efficient for both families and staff. The purpose of this revision is to provide the best services to adoptive families, guardians and children in the most fiscally responsible way while requiring fewer steps for adoptive parents and guardians to maintain necessary services.

Second Level Matching Team

The Second Level Matching Team (SLM) consisting of regional adoption representatives continues to meet four times per year to facilitate matches for the hardest to place children who are awaiting permanency. This statewide team was developed to match waiting families with children available for adoption. The focus of this group has expanded to include the utilization of a specialized recruitment tool.

The SLM Team Goals have also expanded to include serving as a forum to discuss and resolve adoption issues faced by field staff, assist in defining best adoption practice for CD, and completing quarterly adoption peer record reviews as part of the statewide Continuous Quality Improvement process. During 2008-2009, much of the time of the SLM team was spent reviewing information pertaining to the new policy guidelines that were developed in May of 2008. SLM team members were able to bring common questions and difficulties they were experiencing in their regions to the meetings and the team engaged in problem solving to come to common solutions for many of the difficulties pertaining to adoption subsidy across the state.

Heart Gallery

On April 30, 2010 the Missouri Heart Gallery opened in Kansas City at the Crown Center. The gallery featured 200 photos including 272 children and is slated to travel across the state over the months of April through November 2010. The gallery will travel to Liberty, St. Joseph, Kirksville, Hannibal, Columbia, Lebanon, Camdenton, Sedalia, Springfield, Carthage, Webb City, Joplin, Pineville, Neosho, West Plains, Poplar Bluff, Hazelwood, St. Peters, and Jefferson City. As a result of the gallery, over 120 children have found placement homes since 2006. As a result of the 2009 Heart Gallery 64 children have "Families in Progress".

Inter-Country Adoption

The Children's Division (CD) is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, post-

placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency. The section of the child placing agency's rules pertaining to international adoptions is in the process of being revised.

Residential Treatment Services for Children

Residential treatment provides specialized treatment for children needing more structure and intervention than a foster home can provide. Placement is time limited and treatment focused so the child can transition to a lesser restrictive setting in family or community-based care. The CD Residential Program Unit (RPU) has the responsibility for licensure, supervision and re-licensure for the Residential Child Care Agencies (RCCA) and Child Placing Agencies (CPA).

Throughout SFY 09, 1,778 children received residential treatment services. This is a decline from SFY 08 when 1,817 children received residential treatment services. This decline is attributed to the general decline in children and youth entering into CD custody. There has been a policy in effect to get younger children out of residential treatment and into a less restrictive setting. There has also been an on-going effort to get older youth into specialized foster care settings. This is a positive trend when fewer children are coming into CD custody and those who are coming into custody are being placed in less restrictive settings. Residential treatment services provided include: individual, group and family counseling, recreational therapy, educational services, medical and psychiatric services, transitional living and life skill training for older youth, family focused reunification services and a closely supervised, structured place to live.

In 2009, these children received services through 76 licensed residential child care agencies operating at 144 separate sites, and 77 CPAs providing foster care and/or adoption services at 94 separate sites. Twenty-three RCCAs are dually licensed to provide child placing services. In 2009, there were three initial RCCA and one initial CPA licenses awarded. Thirty-six RCCAs and 37 CPAs renewed their licenses in 2009. In 2009, of the 76 licensed RCCAs, 28 were accredited through nationally recognized accrediting bodies (Council on Accreditation of Services for Children and Families, Inc., Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities). Thirty-three of the 77 CPAs are accredited. Two additional RCCAs and three additional CPAs are actively seeking accreditation at this time. Such accreditation in Missouri serves as prima fascia evidence that an accredited agency meets state licensing standards. Licensed RCCA staff are required to have initial orientation and a minimum of 40 hours of on-going training per year while licensed CPA staff must have a minimum of 20 hours. RPU continues to encourage RCCAs to use the ―Strengthening the Culture of Care‖ (COC) curriculum. The goal of COC is to assist agencies in providing safer, more nurturing, child-centered practices that reduce the need for physical restraint and/or locked isolation.

While the initial COC ―train-the-trainer‖ curriculum was developed in conjunction with the National Resource Center for Youth Services (NRCYS) and the sessions were conducted by NRCYS in 2004, it has gained momentum and support by the Child Welfare League of America (CWLA). At the encouragement of CWLA, Missouri and the NRCYS entered into a collaborative effort with agencies in Minnesota, Michigan, Massachusetts, Washington, and Indiana to field-test COC for three years. NRCYS is collecting data on the use of physical restraints and/or locked isolation, the incidence of injuries, child abuse/neglect reports, and results of client satisfaction surveys from the six agencies. NRCYS conducted three (3) ―refresher‖ train-the-trainer programs in 2006, and included staff from the all of the agencies. In 2009, NRCYS

conducted three (3) train-the-trainer programs for Missouri RCCA's. CD believes that the COC initiative will improve safety and nurturance of children in a residential care setting. This improvement is measured through a hoped for reduction in the number of CA/N reports with a positive finding (Preponderance of Evidence) received by residential treatment facilities and tracked in a database. RPU also conducts twice yearly meetings with administrative staff of RCCAs that focus on information sharing and performance enhancement.

Child Placing Agencies

In FY 2009, there were seventy-three (73) licensed child placing agencies with an additional forty-five (45) operating sites for a total of one hundred and eighteen (118) child placing operating sites. Of the seventy-three (73) licensed child placing agencies, thirty-eight (38) were accredited. The child placing agencies placed 410 (domestic) and 299 (international) children for adoption. Several child placing agencies are involved in the foster care case management and the specialized contract described previously in this report.

C. Partnerships / Collaborations

Adoption and Foster Care Coalitions (AFCC)

Several Child Placing Agencies throughout the state have formed a collation of agencies named the Adoption and Foster Care Coalition. (AFCC). Although not funded with the IV-B grant the Coalition is active in improving the lives of Missouri families and children. AFCC continues with the contract, Pregnancy Maintenance Network (PMN) with the Missouri Department of Heath and Senior Services. AFCC conducted its eighth (8th) annual legislative gathering. AFCC continues to meet with legislators advocating for adoption and foster care issues, as well as, providing comments to the Children's Division (CD) on child welfare policy.

Child Advocacy Centers (CAC)

The Child Advocacy Centers are members of Missouri KidsFirst. Missouri KidsFirst is a not-for-profit organization that provides advocacy and support services to Missouri's Child Advocacy Centers. Directors of each of Missouri's Regional Child Advocacy Centers serve as the Program Board for the Missouri Network of Child Advocacy Centers under Missouri KidsFirst. The Board of Directors of Missouri KidsFirst is made up of a diverse group of professionals and leaders which include businessmen and community and civic leaders from across Missouri. The Board oversees and directs the management of Missouri KidsFirst which also includes the program Prevent Child Abuse Missouri, a Chapter of Prevent Child Abuse America, and administration of a contract creating Medical Resource Centers for training and support of Medical Professionals working with child abuse victims statewide. The Board will continue to work to address on-going issues relating to training, coordination and program development within the CAC Network.

MoHealthNet Managed Care Committee

The MO HealthNet Managed Care Consumer Advisory Committee (CAC) was formed to advise the Director of MO HealthNet (MHD) on issues relating to enrollee participation in the MO HealthNet Program. The CAC meets quarterly to discuss MHD Managed Care issues and for the Managed Care health plans to provide updates in their areas. The committee is comprised of several consumers who present their concerns from their areas of the state. Representatives from the various managed care health plans attend these meetings, as well as representatives

from MO HealthNet Division, Family Support Division, Children's Division, Legal Services of Eastern, Western and Southern Missouri, Medical Centers, Head Start, Missouri Primary Care Association or any other entity with a MHD interest. This committee opens the door for communication to occur so better service is provided to consumers in the state of Missouri.

Task Force on Children's Justice

2009 Task Force on Children's Justice Committee recommendations included:

- It would be beneficial to Community Stakeholders to hear former foster youth discuss their experiences in foster care. The Task Force feels that often Stakeholders have little to no understanding of how decisions made effect foster youth and their experiences.

   CD Response: The Children's Division is committed to having the stakeholders hear from current and former foster youth. This commitment will be fulfilled by assuring at least one foster youth is in attendance at CJA meetings. At this time the CJA task force has a youth representative as well as a foster care graduate.

- School-based mentoring programs for youth in foster care because teachers often don't know the answers regarding foster youth aging out of the system.

   CD Response: The Children's Division is committed to looking at ways to reach out to foster youth in their school system as well as heightening awareness of the issues facing youth aging out of the system with school personnel, teachers and counselors. This commitment is being fulfilled in cooperation with the School Based Social Work program and the Education Workgroup which includes open communication with school/educational liaisons.

- Not supportive of proposed legislation regarding jury trials for terminating a parent's rights

   CD Response: The Children's Division provided information to the task force regarding the delays in permanency that might result from this legislation and appreciated the support of the task force in opposing the legislation. The task force and the Division are committed to assuring that the elements of abuse and neglect are identified at time of removal and all possible steps are taken to ensure youth may return home whenever safety may be assured. Additionally the task force is committed to overseeing the investigation and prosecution process in abuse and neglect to assure that the rights of the youth are protected and best served throughout that process avoiding the need for court intervention through jury trial at the time of TPR.

- Children's Division to maintain its achieved Accreditation (COA) Standards

   CD Response: The Children's Division has achieved Accreditation and appreciates the commitment of the task force to assisting in any way possible to maintain the accreditation status.

- Not supportive of the elimination of Mandated Reporter Referrals and Preventative Service Referrals.

CD Response: The Children's Division regrets having to eliminate these referrals because of budget shortfalls. However, the Division is committed to working with the task force to ensure that no reports of Child Abuse and Neglect pass the Child Welfare System without the appropriate investigation. Additionally, the Division is working with the task force to prevent abuse/neglect in the situations previously covered by M and P referrals through heightened public awareness for child abuse and neglect issues and partnership and collaboration with community partners that can assist in prevention of abuse and neglect.

The Child Abuse and Neglect Review Board(s)

The Child Abuse/Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the ―Preponderance of Evidence" finding of the Children's Division. At the conclusion of each investigation, the Children's Division investigator notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator's right to seek administrative review within sixty days.

The CANRB is a panel of nine private citizens from professions specified in Section 210.153 RSMo (http://www.moga.mo.gov/statutes/c200-299/2100000153.htm). Each member is appointed by the Governor and confirmed by the Senate. The Children's Division may establish more than one CANRB panel to assure for timely reviews. Currently, there are three boards that meet monthly in Jefferson City and a fourth regional board that meets monthly in St. Louis. A fifth board has been established to begin meeting monthly in Kansas City.

Each board conducts approximately eight administrative reviews each month. The board makes the decision by majority vote to either uphold or reverse the Division's findings. During the CANRB review, the board hears testimony from the Children's Division, the child's representative (if he/she chooses to participate), and the alleged perpetrator. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed and cross examination is not permitted. If the CANRB upholds the Division's decision, Section 210.152 RSMo allows the alleged perpetrator to seek judicial review in the circuit court of residence within sixty days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses with the exception of the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

During 2008, the four CANRB panels heard 304 cases and upheld 157 (52%) and in 2009, the five CANRB panels heard 333 cases and upheld (56%) with the following outcomes:

Outcome of Reviews CY 2008

	BOARD 1	BOARD 2	BOARD 3	BOARD 4	BOARD 5	TOTAL
Upheld	29	59	52	46	2	188
Reversed	47	29	32	32	5	145
Total	76	88	84	78	7	333

The 4th Board was created in March 2008 and the 5th Board was implemented in December, 2009.

State Technical Assistance Team

Our collaborating partners through the DSS, the State Technical Assistance Team (STAT), assists in child abuse/neglect, child sexual abuse, child exploitation and pornography, child fatality and other child-related investigations, at the request of the department, law enforcement, or other child protection agencies. STAT is responsible for managing the Missouri's Child Fatality Review Program (CFRP), including training and support for the 115 county-based, multidisciplinary CFRP panels, as well as collecting data to identify trends, patterns and spikes in the number of child deaths, to facilitate the development and implementation of prevention strategies.

STAT is supervised by the DSS Director and available 24-hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the CD. During 2009, STAT investigated 211 cases, down from 263 cases in 2008. Of the 211 cases, almost 131, 57 percent were sexual abuse (94) with 43 percent were exploitation related (37). Prosecutors filed 229 felony charges during 2009.

This multidisciplinary approach has proven to be a key link in the investigation and evaluation of child fatalities, which ultimately leads to meaningful prevention strategies.

The State Child Fatality Review Panel (CFRP), consisting of members from various professional disciplines, meets quarterly to review topics and trends of concern. The Panel continues to recommend prevention efforts related to child deaths due to bed sharing, safe bedding and abusive head trauma. The CD and STAT continue to promote safe-sleep with the use of brochures and materials provided by the Missouri Children's Trust Fund and the Department of Health and Senior Services. Additionally, Pursuant to 210.195, RSMo., the CFRP reviewed child deaths related to abusive head trauma (Shaken Baby Syndrome), as reported by local fatality panels, throughout the state. It has come to the state Panel's attention that some physicians ("experts") are being paid to testify that such trauma is not inflicted. Researchers and a pediatrician from the University of Missouri-Columbia proposed a research study on abusive head trauma-related child fatalities. The state Panel endorses and supports the researchers' efforts in applying for a federal research grant to conduct the study, but to date, funding has not been granted. The CFRP annual fatality reports are available for review at the following website: http://www.dss.mo.gov/re/cfrar.htm.

In addition, as a result of the reviews of individual child fatality cases, local CFRPs made other specific recommendations for prevention during 2008. Some of these included; educate students and teenagers on the dangers of shaking a baby, the abusive head trauma it can cause and what to do to prevent shaking a baby; educate on safety of electrical devices and electrical-related dangers in and around homes; provide news release/education about reporting child abuse and neglect, and the CA/N Hotline number, and the dangerous risks of bed sharing and unsafe bedding.

Practice Alerts have been sent to all CD staff addressing safety issues involving infants and toddlers, and fire safety. The CA/N hotline number is available on the website accessible by the public, and red cards publishing the 1-800 hotline number are routinely disbursed during public training opportunities. Additionally, mandated reporters are routinely provided training by local offices as well as central office staff. This training includes information on how to report child abuse and neglect. Additional prevention efforts in the form of PowerPoint presentations and

informational fact sheets can be reviewed at the following website:
http://www.dss.mo.gov/stat/prev.htm.

State Youth Advisory Board

Members of the State Youth Advisory Board (SYAB) represent all children and youth who have been in or are in Out-of-Home placements. Each SYAB member is responsible for providing Children's Services policy and procedural input to Children's Division (CD) administrative staff/Juvenile Court. The SYAB decides what goals and activities they want to pursue for upcoming meetings and carry those out accordingly. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB). There are currently 36 members on the SYAB.

The SYAB met on a quarterly basis for FY 10. The Chafee contract contains language requiring each region to nominate up to three youth for potential membership on the board. Transitional Living Program (TLP) contractors and case managers working with youth with Native American heritage have also been invited to nominate youth. In FY 10, participation from TLP youth increased.

In FY 10, local boards have become more organized. In June 2009, at the Youth and Adult Leadership and Empowerment Conference, local advisors and boards had the opportunity to consult for technical assistance with a Program Development Specialist from the National Resource Center on Youth Development and alumni youth from Missouri regarding development of youth boards. At the March 2010 meeting, youth shared ways to increase youth involvement in local boards. The SYAB is planning on meeting with the State Foster Parent Advisory Board in FY 11 to discuss how foster parents can assist with youth leadership boards.

The SYAB has also assisted with development and implementation of the National Youth in Transition Database. The youth developed a skit that can be presented at seminars and workshops and a poster that is to be displayed in local offices encouraging youth to participate in the survey. They have shared their concerns regarding education and child abuse and neglect investigations. They also developed a list of what qualities make a good case manager to assist in the hiring process. Members also reviewed a VISTA grant for Court Appointed Special Advocates and agreed to be the advisory board for the agency, should they be awarded the grant. At the writing of this report, grants were not being awarded due to funding but the board remains committed to the project should there be a need for their services.

The SYAB as well as other older foster youth and alumni youth have been active in participating in speaking engagements and workgroups to promote youth in foster care needs.

An SYAB member is available on an as needed basis for participation in the Continuous Quality Improvement (CQI) Statewide meetings. CQI is a process by which all staff looks at the agency as a whole and develop plans for improvement. A SYAB member is also a member of the Missouri Task Force on Children's Justice. The task force is a Citizen Review Panel that reviews the Children's Division's compliance with the State Child Abuse Prevention and Treatment Act (CAPTA) Plan, assists the Children's Division in the coordination of foster care/adoption program, the review of child fatalities and near fatalities, examines policies, procedures, specific cases, and generates an annual report to be released to the public.

Two members of the SYAB participated in the Blue Ribbon Panel Task Force on Aging Out. This task force was formed to assess resources available to support youth in or exiting from

care and to recommend ways to strengthen communication and collaboration among youth-serving agencies. One member of the SYAB participates in the Youth Independence Interdepartmental Initiative that began in April 2010 to implement the Blue Ribbon Panel Task Force on Aging Out's recommendations.

An alumni youth is a member of the Health Care Oversight and Coordination Committee. The purpose of the group is to develop a plan to coordinate and provide oversight of health care services for foster youth.

An older youth is also a member of the Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team. The Educational Advisory Team's mission is to collaborate to assure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system.

A youth and adult leadership and empowerment conference was held in June 2009 entitled "Back in Action, Still We Stand." The conference was held over three days in Jefferson City with over 200 youth and adults in attendance from throughout the state. The event was planned and hosted by members of the State Youth Advisory Board. Six workshops were presented which were designed to empower and educate youth on subjects relating to their independence. The topic areas included: Self Advocacy, Coping Skills, Permanency Options, Leadership, Resources, and Resiliency. The SYAB feels that it was a great chance to bring together youth and adults to share what they had in common and to empower them on leadership and self advocacy. Youth in attendance were ages 15 to 20 with a special emphasis on recruiting Native American youth to participate.

In August 2009, an SYAB member spoke at the Practice Summit regarding her experiences in care.

In October 2009, members of the SYAB presented a skit and panel on the National Youth in Transition Database and transitioning out of care at the Midwest Foster Care and Adoption Association Annual Conference.

In October 2009, the SYAB revised its handbook.

In March 2010, a member of the SYAB presented at training for Juvenile Officers.

In April 2010, SYAB members and youth from regional boards participated in Child Advocacy Day. The members developed talking points and met with legislators from their area. They participated in a rally at the Capital. 54 youth and chaperones attended the event.

Also in April, interviews were held and an alumni youth was selected to represent Missouri as a Foster Club All Star in Portland, Oregon for the summer. Missouri plans to utilize the youth upon her return to teach other youth leadership and advocating skills as well as represent Missouri in speaking engagements.

The SYAB has been an active part of the Children and Family Service Review (CFSR) process and participated in a focus group in March 2010. Select members voted on by their peers will also participate in another focus group in June 2010. One member is on the CSFR advisory committee.

The SYAB will begin planning in June 2010, for hosting a youth and adult leadership and empowerment conference to be held in the summer 2011.

Members from one region of the state are working on a placement handbook for youth.

SYAB members, as well as other older youth in care throughout the state, will continue to be active in participating in speaking engagements and workgroups to promote youth in foster care needs. SYAB members will continue to present at CD's OYP Training statewide, and other local presentations. SYAB members will continue participation in various workgroups as well. Youth throughout the state will continue participating at the national level in an internship in Washington D.C., through the Orphan Foundation of America (OFA) and with the FosterClub All-Stars.

For FY 11, the SYAB will continue to participate in speaking engagements and advisory boards/committees throughout the state and will continue to be the voice of youth in care and increase their visibility and participation in communities.

The SYAB will continue efforts to include Native American youth participation in leadership activities.

In FY 11, the SYAB will continue to provide input for programs and policies and advocate for youth in out-of-home care. The strategic plan will be revised in June 2010.

Foster Care Case Management Partnerships

Missouri's performance based contracting is built on a public-private partnership with accredited agencies. Missouri believes child welfare is a complex arena and remains open to innovative approaches for case managing foster care children. Open communication with contracted providers is a critical component of Missouri's privatization effort. This was evident throughout contract development and continues to date through meetings which occur on a regular basis at the local, regional, and state levels.

In January 2003, the contracted case management providers and state agency administrators were invited to participate in a discussion of a performance based case management contract. A meeting was held on 2/11/03. Plans to develop a performance based contract by 7/1/04 were diverted when Dominic James died at the hands of his foster father. Public and legislative outcry for child welfare reform ensued which included the development of contracts for comprehensive service delivery for children and their families by 7/1/05 in consultation with the community and providers of service. This led to regional meetings across Missouri in 2003 and statewide meetings of approximately 80 community stakeholders. The invitation list included current and potential contracted case management agencies and Intensive In-Home Services and Family Reunification Service contractors. In addition, each region sent invitations to community members such as child advocates, court personnel, legislators, and internal CD staff.

At the statewide meetings information was provided from the three workgroups which were formed to develop portions of the Request for Proposal (RFP). The workgroups discussed the enrollment process, outcomes, and provider qualifications. Information was also distributed, in writing, to allow the 80 stakeholders statewide an opportunity to provide input on these portions of the RFP.

Within the first six months of implementation of the performance based contracts Continuous Quality Improvement (CQI) Meetings were implemented at the local and regional levels. These meetings were designed to address implementation issues at the lowest level possible. Issues which could not be resolved at the local level were referred to the regional CQI. Issues which could not be resolved at the regional level were referred to the CEO meetings.

As Missouri is now in the 5th year of a performance based case management contract time is set aside at the CQI meetings for quality assurance/best practice discussions. As such, invitations for the regional CQI meetings are sent to the public and private QA and QI specialists.

Program Manager Meetings are held quarterly. These meetings now serve as the state level tier for the CQI process. This meeting is facilitated by a contractor. These meetings provide a forum to work on unresolved issues from the regional CQI meetings and an opportunity to share best practice. At the most recent meeting participants were put in small groups for discussion of strategies to improve family engagement and reunification.

CEO meetings are also held on a quarterly basis. Recent items of discussion have included resource development, improving outcomes for older youth, performance measures, and SACWIS compliance.

Joint Quality Assurance/Quality Improvement initiatives at the regional level include circuit CFSR Readiness Assessments, Program Improvement Plans to address deficiencies identified through the circuit self assessments, and Peer Record Reviews. Contracted staff, including their QA Specialists, are invited to attend the local CFSR/PIP meetings. The desired outcome is the development of joint QA/QI plans to address areas of concern and sharing of best practice.

Joint QA initiatives at the state level include federal reviews such as worker visits with children, Child and Family Service Review and AFCARS/data integrity. Contracted QA staff are invited to attend CD QA Unit meetings twice per year. The contracted QA specialists are now routinely engaged in data clean up efforts to achieve improved data integrity.

On February 10th and 11th, 2009 Children's Division and contracted QA staff attended a two day training sponsored by Kids Hope United. This provided an opportunity for private and public staff to collaborate, share ideas for quality assurance and best practice, and share tools.

The PIP Advisory Committee, which was originally formed to monitor progress and develop strategies to improve areas of deficiency identified in the first CFSR, is comprised of CD staff and contracted agency representatives. This Committee continued to meet on a quarterly basis to prepare for the second CFSR, which was conducted in June, 2010.

Education Advisory Team

Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team was formed in SFY 08. The Educational Advisory Team's mission is to do all they can to assure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system. The advisory team members represent a variety of disciplines including the educational system, foster parents, private and public child welfare, court-related child advocacy, juvenile justice and youth in out-of-home care. The Educational Advisory Team meets on a quarterly basis.

The Educational Advisory Team recognized three initiatives to focus on how to improve the education opportunities and outcomes of foster youth. The Educational Advisory team divided up into three workgroups to meet the three initiatives. The three workgroups identified are: Raising Awareness, Engaging and Empowering Stakeholders and Developing Tools and Resources.

Talking points are being composed to present to stakeholder groups throughout the state. The talking points will be based on the basic awareness of the issues regarding education and foster youth as well as what can be done to improve outcomes for foster youth. The group will shape the talking points around identifying the real issues.

Missouri Prevention Partners

The Missouri Prevention Partners is a collaborative group of public and private agencies that have implemented interventions on a statewide basis that address the prevention of child abuse and neglect. This group of partners represents diverse approaches and perspectives in dealing with child maltreatment within a spectrum of prevention at the individual, family, community and societal levels. The Missouri Prevention Partners meet about every two months and are presently engaged in developing a strategic plan or framework to guide statewide and local efforts in providing evidence-based and best practice approaches to the primary prevention of child abuse and neglect.

Goals for this group are:
- Administration and Leadership - Create an Infrastructure to enhance and support child abuse prevention in Missouri.
- Public Education and Outreach - Increase public awareness and involvement in child abuse prevention efforts in Missouri.
- Prevention Programming – Promote the identification and use of evidence-based practices and promising approaches.
- Resource Development – Develop flexible and sustainable funding mechanisms to support child abuse prevention efforts statewide.
- Influencing Policy and Legislation – Impact policy and legislative issues through child abuse and neglect prevention focused advocacy.

The agencies involved in the Missouri Prevention Partners include: Dept. of Social Services, Dept. of Health and Senior Services, Dept. of Mental Health, Dept. of Corrections, Dept. of Public Safety, Children's Trust Fund, Kids Hope United, Practical Parenting Partnership, Head Start State Collaboration Project, ParentLink, Missouri Juvenile Justice Assoc, State Technical Assistance Team, and Missouri KidsFirst.

Missouri's Community Partnerships

This network of twenty private/public partnerships was established in 1993 to implement innovative approaches to achieve six core result areas. They are Parents Working, Children Safe, Children Ready to Enter School, Children & Families Healthy, Children and Youth Succeeding in School and Youth Ready to Enter the Work Force.

The Family and Community Trust (FACT), a non-profit corporation, composed of state department heads and leaders from the corporate and civic arenas, provides guidance and

direction to the network of Partnerships. FACT and the Community Partnerships accomplish their work by:

- Increasing the accountability of communities and agencies to improve results.
- Changing the way services are delivered by integrating and locating them in neighborhoods where children and families live and learn.
- Changing the way services are financed by pooling funds more flexibly across state agencies and communities and linking program funding to produce results and save money.
- Changing the way decisions are made by involving neighborhood residents and the community in decisions that affect their well-being.

In FY10 the Community Partnerships leveraged over $9 of additional funding to address community issues and needs. In that same year they served over a 500,000 clients and generated over 300,000 hours of volunteer services in their local communities.
(See attachment G which highlights some examples)

For more information visit the web site www.mofact.org.

Governors' Blue Ribbon Panel /Youth Independence Interdepartmental Initiative

Former Governor Blunt appointed the Blue Ribbon Panel for Youth Aging-out of Foster Care in August of 2008. The seventeen member panel was comprised of Department Directors from the Departments of Social Services, Mental Health, Health and Senior Services, Higher Education, Elementary and Secondary Education, and Economic Development as well as representatives from private business/industry, current and former foster youth, private youth service providers, the juvenile court system, the Juvenile Justice Association, a Court Appointed Special Advocate, and a foster parent.

The charge of the panel was to assess current and private resources within Missouri available to support youth in or exiting from foster care. The panel would recommend ways to improve and strengthen coordination, communication, and collaboration among youth serving agencies and private industry to maximize the efficiency and effective use of resources to support the youth and their healthy transition to successful adult roles and responsibilities. The goals outlined for the panel were better use of resources, better outcomes for youth through existing and emerging programs, and better futures for our youth and our economy.

The first meeting of the Blue Ribbon Panel featured a presentation by five current and former foster youth. The youth discussed the challenges of older youth in the foster care system as well as barriers to successful transition from the system. This presentation made a significant impact on the Blue Ribbon Panel members who requested that these five youth be officially appointed to the panel.

The panel met from October 2008, until May 2009. The panel focused on six primary topics: permanency and lifelong connections, physical and mental health, transitional supports, education, employment, and cross system collaboration. The final recommendations have been made and presented to the Governor for consideration. A decision was made to form an initiative, The Youth Independence Interdepartmental Initiative, which was formed in April 2010 and will convene over the next three years with the purpose of implementing the Blue Ribbon Panel Task Force on Aging Out's recommendations. The original task force was formed to assess resources available to support youth in or exiting from care and to recommend ways to

strengthen communication and collaboration among youth-serving agencies and ended in FY 10. More detailed information is available in the Chafee Section.

CFSR Advisory Committee

Formation of a committee to provide feedback for the Program Improvement Plan began in 2005 and has evolved into a Child and Family Services Review (CFSR) Advisory Committee governed by a Charter. The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure and lead to a broader collaboration which will improve access and service availability, as well as reduce services and funding fragmentation. By using the same committee for several requirements, this has given the Children's Division the capability to educate several disciplines and partners on the complex issues facing child welfare. Through this education, our partners are better equipped to understand the child welfare arena and why it takes more than one agency to make a difference in a life of a child.

Comprehensive Children's Mental Health Services System

Section 630.097 RSMo further called for the formation of a ̶Comprehensive System Management Team" (CSMT) to establish the system detailed by the plan. The existing state System of Care Team was deemed appropriate to fulfill such a function and has thus been so designated and re-named. The CSMT has formalized its structure with the adoption of by-laws and continues to meet once per month.

The statewide implementation of the Custody Diversion Protocol in partnership with the Department of Mental Health (DMH) mandates timely response to any parent voicing the intention to surrender custody so that his/her child may receive clinically indicated mental health services. The Custody Diversion Protocol was piloted in the fall of 2004 and fully implemented statewide in February 2005. As of March 31, 2009, 881 youth have been referred through the protocol; 843 of these youth or 96% have been diverted from state custody. Thirty-three percent of these youth remained in their homes and received community based services through DMH. The remaining 67 percent received some sort of out-of-home care either through DMH funding or through the CD's Voluntary Placement Agreement (VPA). In any given month, approximately 65 youth are supported through a VPA.

The Children's Division has contracted with the University of Missouri, Columbia, to create a web-based training on Custody Diversion and Voluntary Placements. This training has been made available to all CD, DMH and community stakeholders. Training on Custody Diversion and Voluntary Placement has been provided to the CD, DMH, Juvenile courts and numerous community stakeholders. Circuit-specific training has occurred to address identified concerns, and the continued approach and recommendation are to leverage resources and problem solving at the local level. Regional Mental Health Coordinators represent each geographic region of the state and meet on a quarterly basis with Department of Mental Health partners to help address local issues.

Likewise, utilization of the Voluntary Placement Agreement continues to be utilized throughout the state as efforts to serve children in need of mental health services focus on a collaborative partnership with the juvenile court, the Department of Mental Health, and the CD.

Community Based Child Abuse Prevention (CBCAP)

The Children's Trust Fund (CTF), Missouri's Foundation for Child Abuse Prevention, is the

designated lead agency for administering the CBCAP funds in Missouri.

Background Information
Over the past 11 years, the Missouri Children's Trust fund (CTF) has partnered with thirteen communities to develop and validate new collaborative models to prevent child abuse and neglect (CA/N). These efforts have centered on overcoming two identified challenges that have diminished the effectiveness of child abuse prevention efforts. First, CTF and its consultants found that Missouri families and children at risk of child abuse and neglect often suffer from intertwined economic, social, educational, behavioral health, and physical health problems. That is, the challenges facing families cannot be defined as individual discrete issues (poverty, depression, lack of job skills, children's illness, lack of transportation, housing instability, etc.) as all of these issues are interwoven in complex ways that cannot be detached from others and need a broad array of services that are coordinated and integrated into a system. While many of Missouri's communities have a wide-range of services to reduce families' risk factors and enhance families' protective factors and resilience; these services are siloed by categorical funding and functional organizational and professional boundaries, and thus, lacking coordination and integration with other related service entities. The silo of services may help policy makers and providers rationalize the human services maze, but it often diminishes the services' power and undermines the effectiveness of needed professional services and supports, further paralyzing those with comingled issues. What is lacking in many Missouri communities is a framework of relationships to bridge across the organizations and professionals and collaboration processes and mechanisms for the organizations and professionals to work together in a concerted effort to prevent child abuse and neglect.

The second challenge to success is the deficit-based mindset that is deeply rooted in human service organizational and professional cultures. These cultures and systems perpetuate reactive approaches to address the problems of child abuse and neglect – families receive support only after they have been identified or reported for child abuse and neglect. Moreover, human service organizational and the respective professionals' perspectives continue to dominate the definition of the family's needs or solutions. This deficit-based mindset could be viewed as prejudicial in that it leads to a differential diagnosis of the family's need/problems and professional-oriented plan of treatment. This is an excellent way to develop a ―root cause analysis" on needs or problems, but it does not foster thinking by professionals and families about a plan for prevention and strengthening the family. Consequently, there continues to be inadequate focus on determining family strengths and promoting the development of family competencies and capabilities that enable families and their members to have control over important aspects of their lives and to relate to their children more effectively. The CBCAP site's effectively employ family support strength-based approach to prevention by engaging a family and an inter-disciplinary team of professionals in developing and implementing the family's integrated service plan. Also, the CBCAP sites learn to use a family strengths inventory tool as well as embed protective factors to help the family and its family support team to identify the family's strengths, resources, and goals.

Over the past decade, CTF has pursued a powerful CBCAP network strategy known as ―The Missouri Model" that leverages community-based learning and capabilities through building network relationships. . Initially the Children's Trust Fund implemented this project as a demonstration model incorporating a standardized set of criteria and outcome measures to support the evaluation and collection of data.

The Missouri Model

The intent of the CBCAP project in Missouri is to help communities develop a model integrated system for delivering health, family support, and social services to children and families in order to improve outcomes, reduce costs, and ultimately reduce the risks of child abuse and neglect. The CBCAP focuses on agencies combining their resources and working together alongside the families to solve the multi-faceted problems families are faced with today. The purpose of this model is for each CBCAP site to provide a more efficient and seamless coordination of service delivery to families and their children thereby reducing duplication of existing services, maximizing the resources of public and private providers to better serve the consumer, children and families, and in doing so reduce the likelihood of child abuse and neglect occurring. The coordination of services is done through a ―lead agency" model where one agency takes the lead in coordinating a comprehensive service plan and needed services with the family. The emphasis of the Missouri model is coordination of services. It is believed that if health care and social services are coordinated across the continuum, rather than fragmented, then at-risk parents or expectant parents and their children are more efficiently served, outcomes can be improved, thereby reducing the total cost of providing services to these families

In FFY 08 (State fiscal year 2009) the Children's Trust Fund replicated this model for a third time by awarding Community Based Child Abuse Prevention grants (CBCAP) to three communities:

- Joplin (Newton & Jasper Counties) – The Alliance of Southwest Missouri – ―Project Care"
- Caruthersville (Pemiscot & Dunklin Counties) – Pemiscot County Initiative Network ; ―Lower Bootheel CBCAP Project"
- Marshall (Saline County) – Missouri Valley Community Action Agency – ―Strong Family Partnership"

Each CBCAP community was awarded an average of $100,000 in funding. During the first 6 month capacity building phase the site focused on: 1) developing the CBCAP leadership structure (advisory board and network coordinator); 2) forming relationships in order to implement a network development strategy to leverage the diverse abilities, information, ideas, and support services that community-based organizations and professionals possess to promote family/child protective factors, resilience, and reduce risk factors in order to prevent child abuse and neglect; and 3) engaging community stakeholders in joint planning efforts to develop an integrated service delivery model that incorporates the Missouri lead agency/family support team coordination model.

In the second six months of the year one the sites' initiated the operational phase of the project; enrolling and serving families, continuing efforts in developing their provider networks, enhancing provider commitment to the lead agency/family support team model, and augmenting community services to fill service gaps to meet families' needs.

An important part of this grant is the collection of data on outcomes of these services and the overall model. At the end of the first year, 83 at risk families consisting of 253 individuals were benefiting from this project. Many of these families were single parent families with very young children and few economic resources or community supports. There were 62 provider network member organizations involved in the project, with 23 organizations serving in the role of ―lead agent".

The Missouri CBCAP model is recognized by the federal funding agency as attaining the highest level of program standards and performance indicated by evidenced based outcomes

and successful replication of the program in other communities. Overall the CBCAP sites continues to show statistically significant improvement in scores of standardized measures of family risk (Child Abuse Potential Inventory) and distress (Parent Stress Index) among parents participating. Families also report high levels of satisfaction with the services they receive.

Missouri KidsFirst

Missouri KidsFirst is a statewide not for profit located in Jefferson City, Missouri, committed to protecting Missouri's children by improving the response to child victims and ending the cycle of child abuse in our communities. The Missouri KidsFirst Board of Directors is comprised of community and business leaders from across Missouri with a wide variety of backgrounds. They operate under an approved set of detailed by-laws.   Missouri KidsFirst has two main program areas: The Missouri Network of Child Advocacy Centers and Prevent Child Abuse Missouri.

The Missouri Network of Child Advocacy Centers is a membership program under Missouri KidsFirst. The Network operates with Program Guidelines developed by the Network Directors. Each Director of the accredited regional centers in Missouri serves on the Network. There are fifteen regional child advocacy centers in Missouri, with 23 locations, serving each of Missouri's counties. The Executive Director of Missouri KidsFirst works with the Network Directors in achieving the goals of the Network. Missouri KidsFirst works will all the Child Advocacy Centers coordinating service delivery, providing support, advocacy, training and technical assistance to each of the regional centers in Missouri.

Prevent Child Abuse Missouri, a program of Missouri KidsFirst, strives to create a statewide movement that explains how child abuse and neglect can be prevented and the role each of us plays in achieving that goal. The economic and social viability of every community depends on the healthy growth and development of children, supportive environments for children, and healthy, stable and nurturing families. Prevent Child Abuse Missouri works to create this movement through several projects including: Stewards of Children Child Sexual Abuse Prevention Education; Pinwheels for Prevention campaign; promotion of Child Abuse Prevention Month, and the Go Blue campaign. Prevent Child Abuse Missouri partners with the Missouri Internet Crimes Against Children Task Force to assist in preventing technology-facilitated child exploitation and works with Practical Parenting Partnerships to provide a comprehensive approach to parent involvement in schools and offer a framework for building home-school-community relationships through training, a variety of resources, networking, technical assistance, monthly newsletters and other professional development opportunities.

Supervision Advisory Committee
This committee represents the "finest" supervisors from around Missouri. Supervisor participants are selected by the Regional Directors and are based on outstanding performance and strong leadership ability. The committee maintains its focus through a strategic plan (See Attachment A) developed with the assistance of the National Resource Center for Organizational Improvement.

The committee is governed by a Charter and meets quarterly to discuss new or pending issues including policy, program and practice areas impacted by quality supervision. At the end of every meeting, a member of the Children's Division's Executive team attends and gets briefed on outstanding issues and proposed ideas to enhanced supervision across the state. The strategic plan and exec team's response are shared with all supervisors through a Web link on

the intranet. In addition, this committee plans a bi-annual conference which provides supervisors with enhanced learning opportunities.

This committee also serves as a policy review team for the division.

Indian Tribe Consultation

Missouri does not have federally recognized Indian tribes in the state. However, there are three Indian centers--the Heart of America Indian Center, the American Indian Council and the Southwest Missouri Indian Center, which are active in the state. The Indian Centers participated with the CD in regards to training and consultation on the latest policy development.

The Indian Centers were notified of SYAB meetings and were encouraged to participate with their youth. Although they have not participated at this time, CD will continue to seek their involvement. It is the intent of the CD to share with the Chafee contracted providers the names and contact information of the Indian Centers so as to have the contracted providers also engage in communication and possible resource sharing with the Indian Centers.

All benefits and services under the programs are made available to Indian youth in the state on the same basis as other youth. All youth, ages 14 and older, regardless of descent, per policy, are to be referred to the Older Youth Transition Specialists for Chafee/ILP support and services.

Fostering Court Improvement Project

Missouri's Fostering Court Improvement project is a collaborative effort to use agency and court data systems to improve case handling and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. It combines training on the National Curriculum for Caseflow Management in Juvenile Dependency Cases Involving Foster Care with development, collection and analysis of Missouri specific court performance measures and integration and utilization of this information with the data available through an external website (www.fosteringcourtimprovement.org) and other sources within the CD Quality Assurance (QA) staff from the Children's Division assists circuit court staff identify trends and develop plans for improvement. The QA Specialists provide information to the local FCI teams.

The AFCARS reporting system traditionally utilized a cross-sectional design which gathers child level point-in-time data rather than longitudinal child data from date of removal to date of discharge. This allows only point-in-time descriptions and retrospective reporting of outcomes rather than tracking children's progress from point of removal to discharge out of foster care. FCI combines expertise developed at Emory University and University of Illinois at Urbana-Champaign to convert existing AFCARS data into a longitudinal data system that will support court performance reporting and data collection. The CD is now utilizing this software to stitch together Missouri's six-month AFCARS submissions into longitudinal records. The longitudinal product created populates a new website that is to be posted online quarterly. The website ranks, by county, children's division regions, and judicial circuits, a broad range of data items pertaining to removal, foster care population and discharges.

Fostering Court Improvement was initially implemented in four judicial circuits: Circuit 13 (Boone and Callaway Counties); Circuit 22 (St. Louis City); Circuit 31 (Greene County); and Circuit 35 (Dunklin and Stoddard Counties). These circuits were among those with the highest populations of children in out-of-home placement. These sites received training in mid-October 2006. The project expanded to include the following three circuits which participated in the

training provided in September, 2007: Circuit 23 (Jefferson County); Circuit 25 (Pulaski, Maries, Phelps, and Texas Counties); and Circuit 26 (Camden, Laclede, Miller, Moniteau, and Morgan Counties). In the fall of 2008, three more circuits were added: Circuit 2 (Adair, Knox and Lewis counties); Circuit 5 (Buchanan and Andrew counties); and Circuit 45 (Lincoln and Pike counties). Each circuit volunteered to participate in the project.

The 10-15 member teams which attended the training included the following: Judge; court personnel such as juvenile officers and court administrators; juvenile clerks; attorneys who represents state (JO attorney & DLS attorney); attorney who represents parents; GAL/CASA and CD; and community stakeholders such as contracted service providers. These teams continue to meet locally on a monthly basis. OSCA and the CD provide technical assistance to the project sites to assist them in identifying systemic areas for improvement and to develop and implement reform efforts. This support includes on-site visits and attendance at the monthly meetings.

The circuits are responsible for reviewing the data collected by the Children's Division and the Juvenile Court to determine areas for improvement. Several Circuits (13th, 22nd, 23rd, and 31st) have conducted extensive case reviews on children in care in order to ascertain the needed changes. Because of these data reviews, circuits have developed parent education materials to help parents have a better understanding of the child welfare and court process when their children are placed in care. These range from pamphlets to videos to classes. Older youth are becoming more involved in their own decision-making by participating in Permanency Planning Reviews and attending court hearings.

Court and agency practices have changed to better serve children. Guardians ad Litem are being appointed sooner. Older youth are educated about their rights and responsibilities. Cross training is occurring between court staff and agency staff. In addition, communities are being involved in ways not seen before.

The future of the Fostering Court Improvement Project is bright as circuits continue to request to participate. The goal of FCI is that every circuit will adopt these practices and it will no longer be a ―project" but a common practice.

Juvenile Court Improvement Project

The purpose of the Juvenile Court Improvement Project (JCIP) is to develop and implement a plan for improvement which will result in timely, full and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of abused and neglected children in permanent homes. The activities of the court improvement project are directed by the JCIP Steering Committee, which meets quarterly. Members of the Juvenile Court Improvement Project Steering Committee were appointed by order of the Supreme Court of Missouri in January 2004. Members serve on a 2-year term. In that same order, the Steering Committee was assigned to the Family Court Committee. The Office of the State Court Administrator staffs both committees.

Appointed members include:
- o Honorable Cary Augustine, Associate Circuit Judge and Administrative Judge of the Family Court, 13th Judicial Circuit. Judge Augustine is also the liaison to the Family Court Committee.
- o Honorable Stanley Moore, Circuit Judge of the 26th Judicial Circuit

- o Honorable Anne-Marie Clarke, Family Court Commissioner - Juvenile Division, 22nd Judicial Circuit
- o Ms Lois McDonald, Missouri State Foster Care and Adoption Advisory Board
- o Ms. Beth Dessem, Executive Director, Missouri CASA
- o Ms. Bettie Haug, Director of Child Protection/Family Court, 23rd Judicial Circuit
- o Mr. Phil McIntosh, Guardian ad Litem, 2nd Judicial Circuit
- o Mr. Perry Epperly, Family Court Administrator and Chief Juvenile Officer, 31st Judicial Circuit
- o Ms. Cheyanne Ingram, Executive Director, Heart of America Indian Center
- o Mr. Aaron Martin, Attorney at Law
- o Ms. Susan Savage, Assistant Deputy Director, CD, Missouri DSS (ex officio member)
- o Mr. Jeff Adams, Training Program Manager, CD, Missouri DSS (ex officio member)

D. Practice

Foster Care Strategies

See Annual Permanency Section, Foster Care Strategies

Fatherhood Workgroup

The Children's Division is making diligent efforts to improve outcomes for children by ensuring noncustodial parents are actively engaged in case planning. Currently the focus is on fathers, because in most instances, fathers are the noncustodial parents. A fatherhood workgroup has been established with CD staff and community partners. Recently a survey was distributed to field staff across the state to assess how "father friendly" CD was when dealing with fathers. The data was collected and analyzed, and discussed with the workgroup.

The workgroup meets quarterly and currently is updating the Child Welfare Manual in the foster care, family-centered services and hotline investigation program areas to ensure policy includes language around involving all family members in the case planning process with focus on the non-custodial, non-resident parents.

Interstate Compact on the Placement of Children

The progress achieved in this fiscal year includes the continuing awareness and implementation of Public Law 109-239 (Safe and Timely Interstate Placements). The implementation of clearer policy has strengthened the worker's ability to set deadlines and make all parties accountable to comply within the 60-day timeframe to meet the established goals.   A training session was videoed and distributed to the Circuit Managers and Juvenile Courts to offer continued education on the policy and procedures of Interstate Compact on the Placement of Children (ICPC). In conjunction with the Office of State Courts Administrator ICPC has participated in the Court Improvement Program to improve procedures to resolve barriers of moving children into permanency.

In SFY 09, Missouri ICPC served 2,733 children, which included 905 requests for services from other states for Missouri children, and 615 out-of-state requests for Missouri services on behalf of children from other states.

Missouri's border agreements with Illinois and Kansas remain in effect relative to parent and unlicensed placement resources in coordination with ICPC.

Native American Collaboration

The CD Central Office has undertaken a considerable effort in the past year to improve compliance with the Indian Child Welfare Act (ICWA). The division has utilized training/TA through the National Resource Center (NRC) to provide ICWA training to top level management from each of the regions. Additional training was provided to field staff across the state, completed late fall of 2008. An Indian Ancestry questionnaire was developed for use at the onset of any alternative care case. The questionnaire is to be completed by every family where a child is at risk of being removed from the home to document any or no Indian heritage. State ICWA policy was modified to clearly and concisely guide a worker through the ICWA process when an Indian child has been identified. An ICWA checklist was also developed to assist a worker with ICWA compliance. It is our intent to assist staff in identifying Native American children and families and in locating appropriate resources.

CD Central Office staff attended the American Indian Symposium in November 2008. Staff were trained on Indian culture and effective tribal collaboration. Staff attended workshops that dealt exclusively with ICWA compliance issues.

Cooperation is maintained with the state or tribal court assuming or having jurisdiction over a Native American child when providing services. Missouri courts assume secondary responsibility when the tribal court does not take jurisdiction. In any juvenile court proceedings, the Native American custodian or tribe of the child has the right to intervene at any point. All parties to the proceeding have the right to examine all the reports, testimony, witnesses and exhibits upon which the court's decision may be based.

Discussions are ongoing regarding the recruitment of Native American youth for local or the state youth advisory board with the OYP contractors. Nonetheless, strengthening both local and SYAB recruitment continues to be an area of focus for the CD.

All benefits, services and programs are made available to Indian youth in the state on the same basis as other youth.

Prior to the release of [Memo CD09-75](), which included a policy revision, Intro to ICWA Checklist, Indian Ancestry Questionnaire, ICWA Informational Brochure and the ICWA compliance flow chart, The Children's Division sought input and feedback from two Missouri Indian Centers, Kansas City Native American Indian Center and the Springfield Indian Center. The Specialist not only solicits feedback but has worked diligently to build relationships with these two Indian centers to promote a comfort level to freely exchange information. In addition, Indian Center representative participate in the CFSR Advisory Committee to provide feedback on the CFSP.

In the FACES system, a screen to report the Family Support Team information requires the case manager to select a yes" or no" as to whether the child is of Native American heritage. If the worker checks the yes" box, a text box appears to describe how the case manager came to this conclusion. A specialist in Central Office requests a report, twice per year, from Research and Evaluation on all cases that indicate a Native American Heritage. The Specialist reviews the case contacts and narratives to ensure ICWA compliance. If compliance is not met, the

Specialist contacts the case manager and work together to move this case into compliance. Currently there are approximately 50 ICWA related case in Missouri.

Family and Children's Electronic System (FACES)

Missouri continues development of its single statewide system. Missouri's final SACWIS component, Resource Management and Financial Management, is currently being tested and will be implemented in July 2010.

As with any automation development effort, FACES struggles to keep up with the ongoing changes that need to occur in the production environment as well as the changes made to legacy system that need to be mirrored in the development environment.

Continued data clean-up efforts have also been necessary to make the data converted from legacy systems conform to the new, more stringent processing rules in FACES. As data integrity issues are identified, FACES staff perform system testing to ensure that appropriate edits are in place in the new system, and if not, to add the necessary edits to prevent the anomalies in the future.

The accompanying cultural change for staff has been a challenge as well, however FACES training sessions deliberately focused on the development of local FACES experts with the depth of knowledge necessary to provide the critical on-site support necessary to ease the transition.

Legacy Systems - Ongoing legacy systems changes has been a challenge for a variety of reasons, the primary one being that knowledgeable IT IDMS programmers are difficult to obtain and retain. Contracted programmers are currently providing this critical function.

AFCARS Review – An AFCARS review was conducted in Missouri during March 2009. Several system changes and practice changes are required. Missouri is in the process of initiating and processing necessary system changes through a comprehensive AFCARS Improvement Plan.

Child Care Efforts

The CD is developing an interface with its Family and Children Electronic System (FACES) and the Family Assistance and Management Information System (FAMIS) which is supported by the Family Support Division (FSD). This system interface will provide child welfare workers with enhanced features in determining eligibility and authorizing child care for children receiving services through the child welfare system. This interface will streamline the child care system by allowing eligibility, authorizations, and child care providers to be paid through one system, thus improving the accountability of the child care program. The interface is expected to be completed by the end of July 2010.

Additionally, the CD is developing a claims and restitution system to support the child care subsidy program. This system will streamline the identification, collection and management of child care provider claims.

Older Youth Efforts

Within the Older Youth Program (OYP) there are services and funding provided through the Chafee Foster Care Independence Program (CFCIP). The CFCIP is contracted out to private

agencies to administer and deliver services and funding to older youth in foster care, youth adopted or have obtained legal guardianship after the age of sixteen as well as former foster youth. Services have been contracted out since January, 2008. Contract revisions were issued in 2009 to implement fully the Fostering Connections Act, ensuring youth who obtained adoption or guardianship after age 16 received life skills training and resources. The contract contains language about the Four Core Principles identified by the Muskie School of Public Services, University of Southern Maine and the National Resource Center for Youth Services for successful adolescent transition programs - positive youth development, collaboration, cultural competence and permanent connections. The expectations and requirements are that Chafee contracted providers will engage the youth in their case planning, design life skills instruction specific to the youth's needs with youth input, and offer a variety of methods in which youth can gain competency in each life skill.

The Older Youth Program (OYP) reflects the philosophy and the services offered to foster and former foster youth, ages 14 and older. The program addresses:
- The philosophy of youth permanency and positive youth development;
- The responsibilities of case managers of older youth, Chafee Contractors, TLP Contractors, and Older Youth Transition Specialists;
- Procedures for using the Ansell-Casey Life Skills Assessment and the Adolescent FST Guide & Individualized Action Plan;
- Helpful resources to engage youth in permanency and education planning.

The Adolescent FST Guide and Individualized Action Plan assist workers and youth in the planned transition of a youth becoming an adult and leaving foster care. It details the goals of the youth and facilitates the involvement of identified adults in the youth's life. Transition planning is completed ninety days prior to the youth leaving care and documented on the Adolescent FST Guide. In November 2009, a memorandum regarding transition planning requirements and the Fostering Connections to Success and Increasing Adoptions Act as well as a PowerPoint presentation on transition planning was disseminated to staff. It is available on the intranet/internet.

The Ansell-Casey Life Skills Assessment (ACLSA) is an evaluation of youth independent living skills. It consists of statements about life skills that the youth and his/her caregivers complete. The ACLSA was designed to be as free as possible from gender, ethnic, and cultural biases.

A portfolio assessment is used for each youth 14-21 to give the youth the opportunity to take some control of the assessment and show what they have learned. It focuses on the growth and development of the youth's potential.

Performance assessment is used to show the direct observation of a youth's performance and allows the youth to see their accomplishment with historical data on their overall life skill development.

In FY11, Older Youth Program forms will be available through the FACES system. This will enhance services to older youth as data can be extracted from the Research and Evaluation unit as a result. We will be able to use the data to look at utilization of services as well as outcomes. CD is also strengthening permanency connection requirements for older youth by adding an edit in the current system where three permanent connection names and addresses must be entered at the time of exit from care. With FACES implementation of Older Youth forms, supervision will also be enhanced as the access of case information will be more readily

available. As forms are not currently available in FACES, it is time-consuming and cumbersome to gather data and have a picture of program implementation. Although this is a barrier in providing current services at times, several program review and development projects were conducted to address this need and get an overall picture of the program utilization in FY10. With the additional information provided from these projects, CD has been able to strategize and implement some changes as a result. Efforts will continue in FY11.

As a result of a pilot program implemented in FY09 that examined the Transitional Living Program's (TLP) utilization with a consideration form completed at Family Support Team Meetings, the Children's Service Plan is in the process of being revised to ensure TLP's are considered at permanency planning meeting's every six months. These updates are in the testing phase at the writing of this report. A memo was issued in November 2009 to all staff to clarify requirements for Transitional Living Programs and Independent Living Arrangements. This was as a result of the pilot as it was determined through the pilot that this was needed.

In FY09-10, file reviews of the Older Youth Transition Specialists (OYTS) records on contracted providers were reviewed to look at documentation and services being provided for youth 14-21 throughout the state in order to determine strengths and needs and improve upon these. The reviewers were representatives from Budget and Finance, Contract Management, and the Practice and Professional Development Unit. From the review, the Older Youth Transition Specialists duties, the Transitional Living Program payment guidelines, and Chafee Foster Care Independence Program Services payment guidelines were revised and distributed to the Older Youth Transition Specialists. Tips for reviewing the outcomes reports, payment documentation record retention guidelines, and helpful forms utilized by the Older Youth Transition Specialists were shared with the Older Youth Transition Specialists.

In March FY10, statewide random sample file reviews were conducted of 4% of youth receiving Older Youth Program Services from Children's Division and Foster Care Case Management Agencies. Older Youth Transition Specialists, Quality Assurance Specialists, Quality Improvement Specialists and Program Development Specialists assisted with the reviews. All forms and documentation related to best practice with the older youth and the program (Transitional Living Program, Independent Living Arrangement, Chafee, and transitioning from care/exit planning) were reviewed.

The purpose of the review was to get an overall picture of the Older Youth Program services being provided through documentation in the file. The review was to gain insight as to the strengths of the program as well as learn at a state, circuit and private agency level if the older youth program is being accessed and used as designed and per policy, to develop and recommend strategies for improvement, and to prepare for the National Youth in Transition Database implementation in October. The review specifically was looking to see if life skills for youth had been assessed, if referrals had been made, and examined the quality of services youth were receiving once referred. The results were shared with administration from Children's Division and Foster Care Case Management Agencies as well as printed in the quarterly newsletter for Continuous Quality Improvement ―In Focus.‖ Tips for what could be done immediately to improve services to older youth were also provided. A strategic planning meeting was held in April to discuss next steps for the Older Youth Program as a result of the review and these will be developed and implemented in FY10-11.

The Children's Division intranet and internet have been updated in FY10 with resource information specific to Older Youth and this will continue in FY11.

In December 2009, the Older Youth Transition Specialists and the Independent Living Coordinator met with members of the Practice and Training Development Unit to discuss ways to enhance the Older Youth Program Training which is part of Child Welfare Basic Training. In FY11, CD will continue to modify and update training programs for Older Youth Program Services.

In FY10 and continuing in FY11, are several workgroups and task forces to address older youth needs.

A Transitional Living Advocate Program workgroup was formed in February 2010 to evaluate the programs strengths and needs in terms of training, utilization, and recruitment. The group met again in April to revise and work on implementation of suggested program changes and will continue to meet.

The Transitionally Challenged Youth Workgroup is addressing the needs of youth who do not meet criteria for special adult services upon exit from care but continue to need elevated on-going support and to look at the resources at a statewide level available to these youth.

In February 2010, the Spaulding Focus Group met and made recommendations to enhance the training with more information about what to expect as youth reach preadolescence and teen years. The recommendations were shared with executive administration.

In April 2010, the Youth Independence Interdepartmental Initiative convened and will meet over the next three years. The charge of the group is to implement the Blue Ribbon Panel Task Force on Aging Out's recommendations to help youth successfully transition from care.

The Independent Living Coordinator is a member of the Council for Adolescent School Health (CASH) which meets quarterly. The purpose of CASH is to inform and advise the Missouri Department of Health and Senior Services (DHSS) decision-makers regarding adolescent and school health issues and initiatives. The CASH may be invited to provide input and advice to other planning committees, work groups, task forces, and advisory councils seeking expertise on adolescent and school health.

The Jackson County Older Youth Transition Specialist (OYTS) participates in the Educational Opportunities for Kids Aging out of Foster Care group. This is an initiative that is being sponsored by Metropolitan Community College (MCC). The goal is to give youth the opportunity to obtain a workforce-related certificate by participating in an MCC continuing education program. This is still in the planning stages and only for Jackson County at this time.

The Jackson County Region Older Youth Transition Specialist is also a member of the Healthy Transitions Grant Advisory Committee. The grant is federally-funded with the purpose to help youth aging out of the children's mental health system. Jackson County is 1 of 7 sites nationally to receive this grant. Truman Mental Health facility administers the program. The plan is to have the program in all four Mental Health facilities in Jackson County within five years, which is the length of the grant.

The Southern Region Older Youth Transition Specialist is a member of the Ozark Region Workforce Investment Board Youth Council.

The St. Louis Region Older Youth Transition Specialist is working with the Fostering Court Improvement Project on reviewing cases of older youth in foster care. The group is the City Court Improvement Review Board for Youth (CCIRBY).

The St. Louis Region Older Youth Transition Specialist serves on the Missouri Mentoring Program Advisory Board. The Missouri Mentoring Partnership (MMP) is an employment with mentoring program that serves youth 16 to 21, with the majority from CD and Division of Youth Services. They match youth with employers and workplace mentors while providing job skills to the youth. The advisory board focuses on program development and recruiting business partners. The Older Youth Transition Specialist is the chair of the program development subcommittee. The board hosts a ‗Life after High School" event every other year focusing on job training, skills, and life after high school (college, tech, career, and jobs) and meet on a quarterly basis.

The St. Louis Region OYTS also serves on the Homeless Adolescent Task Force through Legal Services of Eastern Missouri. The task force meets quarterly with community persons who work directly with adolescents who are homeless or at risk. Resource and legal issues pertaining to this population are shared in conjunction with the schools and Legal Services of Eastern Missouri to ensure that the needs of this population are being met. Legal Services of Eastern Missouri chair the meetings. They also have a yearly law forum which educates professionals in the community on youth issues including McKinney Vento, consumer lending, special education students, and navigating Family Support Division.

The St. Louis Region OYTS is a member of the Community Partners Committee with The Spot and other youth organizations. The committee meets monthly and focuses on services and needs of older youth in the St. Louis Region by conducting youth forums, special interest groups, and discussing the mental and physical health needs of the older youth population with a focus on sexually transmitted diseases. Members include medical/clinic and hospital personnel, Epworth, CD, The Spot, Washington University Adolescent Health Center, DMH, etc.

The St. Louis Region OYTS is involved in the St. Louis Older Youth Resource Network which meets quarterly with OYTS, Deputy Juvenile Officers, Guardian Ad Litems, Court Appointed Special Advocates, Chafee providers, TLP providers, and county older youth workers. Presentations are provided at the meetings on older youth services by a community partner. The network discusses new legislation or policy changes, shares resources, networks, and discusses any concerns regarding older youth in foster care.

CD plans to continue contracting services out through private agencies and building upon community resources for older youth. CD will continue its efforts to ensure that all youth eligible for OYP services are receiving them.

The Children‗s Division has been working diligently on implementation of the National Youth in Transition Database in FY10. In February 2010, a memo was issued introducing NYTD and beginning plans for implementation. With the memo, a handout to be included in the exit packet and a poster to be displayed where visible to youth was included. Changes were made on the Older Youth Program Referral form, The Adolescent FST Guide and Individualized Action Plan, and the Individual Life Skills Progress form to be in compliance with NYTD reporting standards and service elements. The Children‗s Division‗s Independent Living Coordinator has been meeting regularly with FACES and the Information Technology Service Division to develop the survey and means of reporting service information. The Independent Living Coordinator has been including information about NYTD at presentations across the state. In October 2009, a

workshop was given at the Midwest Foster Care and Adoption Association Annual Conference. A presentation regarding NYTD was given to the Program Managers in December 2009. A presentation was provided to the State Foster Care Advisory Committee in March 2010. Information was shared at the Child and Family Service Advisory Committee meeting in February 2010. A presentation was given in March 2010 at the Office of State Court Administrators and a presentation will be given in May 2010 to Juvenile Officers in Jefferson County. Information regarding NYTD was also shared at the 2009 Youth and Adult Leadership Conference and with the State Youth Advisory Board, which provided input to the survey, poster, and exit packet handout. Contract revisions have been made or are in the process of being made for our service providers of Chafee, TLP and life skills to be in full compliance with NYTD reporting requirements. The Children's Division website has been updated to include a section on NYTD.

In FY11, CD will be compliant in reporting services and outcomes for youth for the National Youth in Transition Database (NYTD) and will continue to develop outreach efforts for youth who are no longer in care.

For FY11, CD will continue contracting out Chafee, TLP, and ETV services and continue development of community resources. CD will be reporting services and outcomes on Older Youth and forms will be automated allowing data to be extracted regarding services and outcome.

Chafee Foster Care Independence Program

See Chafee Section for detailed information.

Educational Training Vouchers

See Chafee Section for detailed information.

Healthy Care Services Plan for Children and Youth

Missouri currently utilizes the EPSDT guidelines to ensure that children in care have developmental assessments as well as vision, dental and hearing services as outlined below: EPSDT screenings are known in Missouri as Healthy Children and Youth (HCY) screenings, or, simply, well-child checkups. Missouri Care follows the 2000 American Academy of Pediatrics schedule for preventive pediatric health care as a standard for screening frequency. The schedule is listed below:

Newborn	9-11 months
By one month	12-14 months
2-3 months	15-17 months
4-5 months	18-23 months
6-8 months	Each year, from ages 2-21

Components of a full EPSDT screening include:
- Health and developmental history (both physical and behavioral health)
- Complete physical exam
- Health education
- Immunizations and lab tests, as indicated

- <u>Lead screening and testing,</u> as indicated
- Developmental screening
- Fine motor/gross motor skills screening
- Hearing, vision, and dental screening

The Children's Division is coordinating with the Department of Mental Health and the MO HealthNet Division to provide consistent comprehensive care to each child in a foster care placement. The work that is ongoing with both of these departments is designed to meet physical and mental health and dental care for children in the alternative care system. It is proposed that this coordination can be achieved by utilizing the electronic data, having a review done by medical staff as well as a protocol for use of this information for every child as a part of routine reviews and case planning. Additionally, the Division has begun pursuing coordination with DMH to identify multiple psychotropic drugs and or contraindicated medications automatically and alerts provided to staff to address. A review was done in 2008 to determine any contraindicated medications that were being prescribed to children and youth in alternative care and the Department of Mental Health sent notification to the providers where contraindications were discovered. Trends were reviewed by a workgroup of experts from DMH, MO HealthNet and Children's Division, with the intent for these reviews to be on going. The Division is working with DMH and MOHealthNet to utilize an Integrated Health Profile (IHP) that is generated for clients served by all of these Divisions. IHP provides staff with notification for tests or follow up that needs to be conducted as well as alerts for the contraindicated drugs being prescribed. The IHP is a tremendous tool to be used in case planning to ensure the best attention is given to healthcare issues.

The Division has taken the lead in organizing a Healthcare Coordination Workgroup which is addressing the healthcare issues of youth in the foster care system. The workgroup is comprised of the partners from DMH and MO HealthNet in addition to foster youth, pediatricians and private case management contract staff. This group committed in ensuring Missouri is in compliance with P.L. 110-351 in the coordination and oversight of healthcare for youth in foster care.

Additionally, the Division is committed to designing a centralized, comprehensive medical record and is exploring the ability to create this record from existing systems with MO HealthNet and DMH through use of cyber access. A policy review is ongoing to determine the best practice to obtain the maximum benefit from the medical record including sharing the information at each case review and FST as well as reviewed for follow up with the supervisor during routine conferences. Additionally, all information will need to be updated in the FACES system to document the compliance with ongoing medical care and screening. Policy will be written to instruct staff on utilizing the medical record to benefit children.

The Division currently utilizes MO HealthNet consultants when specific assessments or guidance on appropriate medical treatment is necessary. The Division welcomes the opportunity to work with a group of experts that can assist us with assuring best medical planning and follow through for children in A/C and is adding to what we are already working with in cooperation with DMH and MOHealthNet. The Division will be forming a workgroup with representatives of CD, DMH, and MO HealthNet to address the coordination and service provision.

On April 27, 2010, Memo CD10-41 clarifies the requirements for an initial medical examination and an ongoing medical examination corresponding to the HCY schedule mentioned. The

purpose of the initial health examination is to identify the need for immediate medical or mental health care and assess for infectious and communicable diseases. To be in compliant with the Council on Accreditation Standards, the HCY exam must be completed within 30 days after a child's placement. Additionally, Missouri Revised Statutes, Section 210.110, requires all children birth to age 10 to receive a physical, developmental and mental health screening every months following the initial health examination.

E. Prevention

Family Support services are community-based services that promote the safety, permanency and well-being of children and families and are designed to maintain and strengthen families.

Family-Centered Services

Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services (FCS). FCS may also be provided if the family requests preventive treatment services. Services are available to families, including expectant parents, who request services aimed at preventing child maltreatment or family dysfunction and promoting health and appropriate parenting skills. FCS seeks to empower the family and minimize its dependence upon the social service system. During SFY 2009, there were 17,761 active cases compared to 17,759 during SFY 2008. The 17,761 cases encompass 28,398 adults and 35,483 children. Approximately 14 percent of FCS families served were the result of substantiated child abuse/neglect reports and 48 percent were the result of Family Assessments. Family requests for preventive services made up 28.78 percent of the group served.

In SFY08 a workgroup was formed to utilize the Strengthening Families approach by embedding effective prevention strategies into existing systems. This workgroup is comprised of Children Service Workers, Children Service Supervisors, Children Service Trainers, Child Welfare Program Development Specialists, and Early Childhood Program Development Specialists. Strengthening Families focuses on family supports and resources that already exist in their homes and communities. Recommendations have been made on how to make use of the Strengthening Families five protective factors to help support families. The group will continue to meet and shape conversation around how to embed the Strengthening Families protective factors into CD's policy and practice.

Intensive In-Home Services

Intensive In-Home Services (IIS) is a short-term, intensive, home-based, crisis intervention program that offers families in crisis an alternative to out-of-home placement.

CD staff provides intense, time-limited family preservation services to families for 25 percent of the cases and purchases services through contractors for 75 percent of the cases. Referrals are accepted 24 hours a day, seven days a week. An IIS Specialist carries two cases and assesses the family within 24 hours of referral. If the family is deemed appropriate, services begin immediately. Cases will not be opened for families when safety of the child cannot be assured. The IIS specialist is available to the family 24 hours a day, 7 days a week. The services are provided in the family's home or natural environment that may include neighborhoods, school or work settings. The intervention is intensive with twenty hours a week

or more devoted to each family. An average of eight to ten hours per week of face-to-face or telephone contact with families is expected. Services are time-limited lasting, four to six weeks.

IIS services are available to all 45 circuits within the State of Missouri. In the last two years, there has been an increase in the number of IIS cases that CD handles in house and a decrease in IIS cases contracted out.

An IIS referral is required in all cases when a Children's Service Worker plans to recommend removal of a child. If a child is removed on an emergency basis, a supervisory conference is required within 72 hours and prior to the protective custody hearing to determine whether the family should be referred to IIS. In the last five years, CD has consistently used the IIS program. The IIS program has successfully diverted a significant number of children from entering alternative care. Specifically, in state fiscal year 2009, 3,182 at-risk children were accepted into the IIS program which is slightly less from 2008 which served 3,356 children. In each of the last five years, over 86% of families remained intact at the end of IIS intervention. The data supports the fact that specialists are assessing families and providing identified services families need to be successful, allowing them to remain intact.

At the end of an intervention, satisfaction surveys are sent to families requesting feedback. Feedback is reviewed and practice and process changes are suggested to policymakers.

In November of 2008, the IIS program was phased into Missouri's SACWIS system – FACES (Family and Children's Electronic System). Within this program, CD and contracted staff input contacts with families, family support team information, family assessment and resource information. This new information system is intended to streamline the IIS program statewide. In addition, the new system has promoted better communication between CD and contracted IIS providers as all parties have access to the same information regarding the IIS intervention. A new process was developed for referral entry and case opening which will enable the referral process to be consistent statewide.

Child Care

The CD is the lead agency for the federal Child Care and Development Fund and administers the state child care subsidy program for low income and protective services families served through both the CD and the FSD. Currently, child care subsidies help support approximately 44,000 low income children with about 3,000 children identified as protective services.

For Fiscal Year 2010, the Children's Division was able to maintain the eligibility income limits at 127% of the Federal Poverty Level (FPL) and introduce a transitional benefit package for eligible households. The intent of the transitional benefit is to reduce the "cliff effect" where families find themselves having their out of pocket expenses go from approximately 10 percent of their income to being responsible for the entire child care cost. Child care providers last received an increase to their child care reimbursement rates in FY 2009. Rate increases applied to certain child care providers as a result of an overall rate restructuring. Rates were adjusted to better reflect the market in certain areas, as reported in a Market Rate Survey and established by DSS.

The Contract and Compliance Team (CCRT) generated a cost savings in the child care subsidy program allowing the CD to reinvest into the program. , The CCRT unit completed on-site monitoring of 5,775of the approximately 5,000 child care providers receiving payment on a monthly basis. As a result 417 contracts or registration/payment agreements have been

closed. Effective November 1, 2009, CCRT ceased conducting contract/registration compliance reviews.

Child care subsidy provides a necessary service to families within the child welfare system by providing concrete support during their time of need.   The child care subsidy program assists in supporting the safety and well-being of children in low income families by providing parents with a choice other than unsafe environments for their children. Maximizing funding for child care subsidy ensures DSS is able to serve the greatest number of families in need. Timely and accurate payment ensures higher quality providers are willing to accept DSS subsidized children.

School Based Service Worker Contracts

During the 2009-2010 academic year, the CD contracted with 42 school districts throughout the state for 61 workers. The primary goals of the school based service worker agreement includes the prevention and early identification of children at risk of child abuse and neglect or other barriers which could limit full potential for success in the school setting, and early intervention and the provision of services to strengthen families.

New contract requirements began with the 2007-08 school year, allowing for a more effective (outcomes based) reporting process. During the 2008-09 school year, there was an average per school per month of 13,222 of children enrolled in the contracted school districts. The school based service workers served approximately 7% of the children enrolled in school and approximately 5.8% of families.

In addition to aggregate data, the workers also provide summary information on child abuse and neglect prevention activities performed for the children and families served. Services included referrals for child abuse/neglect, counseling, mental health, attendance or academic issues, classroom behavior, health/medical, domestic difficulties, drug and alcohol issues, personal needs (hygiene, clothing, etc), home visits, transportation, vocational, dental, and housing.

Restrictions under Family Educational Rights and Privacy Act continue to prohibit identifying information on clients from being obtained through the schools; however, workers are monitored internally, on their performance in compliance with the state contract by the designated school supervisor.

A Fall and Spring newsletter was developed for the 2009-2010 school year to foster collaboration efforts between school districts and local CD offices. The newsletters included training information, hotline information, and other related subjects.

Child Care and Development Fund

The **Missouri Child Care Resource and Referral Network (MOCCRRN)** provided child care referral services for approximately 24,978 families during SFY 09. This includes referral calls and on-line searches. Of the 24,978 families who were provided referral services, 17,147 families accessed services on-line. The MOCCRRN also served as the primary training resource for child care providers. Trainings coordinated and provided statewide were developed by the Department of Health and Senior Services, Section for Child Care Regulation. The trainings are Basic Child Care Orientation Training (CCOT), Infant Toddler CCOT, Family

CCOT, and School Age CCOT. In FY 09, MOCCRRN offered 2,594 training clock hours for 18,090 participants in 1034.5 sessions.

The **OPEN** (Opportunities in a Professional Education Network) initiative is the state's early childhood professional development system and includes a Professional Achievement and Recognition System (PARS) and Trainer Registry. In SFY 09, 1,589 participants were added to the PARS registry which totaled 8,476 participants. This registry tracks child care providers and their staff's education and professional development. During the same timeframe, 232 trainers were added to the Trainer Registry which totaled 1,776. This registry tracks education and professional development of trainers who provide training to child care professionals. OPEN has been an intricate partner in the oversight of the Quality Rating System (QRS) pilot project. The QRS is an initiative which rates child care programs according to the quality of the program using a state approved rating tool. The data collected in the PARS registry along with the Trainer Registry is important to making QRS work statewide. OPEN provides statewide leadership on mentoring and articulation on early childhood career development.

The Educare program provides training and technical assistance to subsidized child care programs. In SFY 11 Educare will be available in 82 of Missouri's 115 counties providing opportunities for providers to enhance their care giving skills. In SFY 09, Educare impacted over 38,000 children in over 1800 programs. Educare also provides training on child care subsidy payment system to the providers, many of whom are referred by the Division of Finance and Administrative Services, Contract Compliance Review Team identified as needing technical assistance with subsidy requirements. In SFY 08, Subsidy Orientation Training was given to 241 participants.

Early Childhood Development Education and Care Fund (ECDECF)

The ECDECF was created by setting aside a portion of the entrance fees to riverboat casinos. This funding is set aside for four programs specified in Missouri statute and administered by DSS.

1. Early Head Start (EHS)
State funding currently provides one quarter of the total EHS slots available in the state. Federal funding provides the other three-quarters. Approximately one quarter of EHS families are teen parents. In SFY 09, ten Missouri EHS grantees served 1,691 children and continually provide 571 childcare slots for those eligible. MO EHS grantees partner with community child care providers to provide EHS services. In SFY 09, there were 777 non-EHS children impacted by the services of EHS professionals throughout the state. Head Start at the federal level was re-authorized in February 2008. There were many changes within the reauthorizations, which will have a major impact on Head Start programs. Program providers are anxiously awaiting clarifications and specific policies on these changes along with timeframes as to when these things must be completed. Some guidance has been released but clarifications are continuing to come from the Office of Head Start.

2. Start-Up Expansion
In SFY 09 there were 32 competitive bid grantees and 85 licensed slots were added by the new grantees. Of the 32 grantees, 24 were in the second or third year. Therefore, their licensed slots had already been added in previous years. There are eight Community Partnerships who also received this funding. They added 460 DSS subsidized licensed slots within 69 child care facilities.

3. Stay at Home Parent

In SFY 09, 16 competitive bid contractors served 11,013 children in 9,105 families. Eight Community Partnerships received this non-competitive funding and served 453 families with children between ages 0-3. These contractors are required to screen the children for developmental delays and social emotional health by using the Ages and Stages Questionnaire and the Ages and Stages Questionnaire Social Emotional. The parental stress levels must be screened by using the Parental Stress Index. Contractors are also required to track how much time parents spent reading to the children and to provide developmentally appropriate books to the families.

4. Accreditation Facilitation for Child Care Providers

Accreditation funding provides a 20 percent increase in child care subsidy base rates to accredited providers as an incentive for child care providers to become accredited and to support the additional costs of being an accredited facility. Providers eligible for this base rate increase include providers accredited by NAEYC, NAFCC, COA, NECPA, CARF, and Missouri Accreditation. In order to maintain the integrity of the accreditation process, accrediting organizations must apply to DSS to be a recognized accrediting organization and submit extensive background information regarding the operation and quality of their program. Applications are reviewed by an impartial team of evaluators made up primarily from staff of universities and community colleges. Accreditation Facilitation services are available across the state through the Missouri Child Care Resource and Referral Agencies to assist child care providers that serve subsidized children to become accredited. These services vary across the state and may include but are not limited to on-site technical assistance, scholarships for staff, equipment and training. In SFY 2009 352 child care providers received these services. Eight Community Partnerships also receive this funding and in SFY 2009 they served 124 child care providers.

Strengthening Families

Across the country, early care and education programs, child welfare departments, and others are using the Strengthening Families approach to build five Protective Factors in families:
- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Children's social and emotional development

Research shows that these factors reduce the incidents of child abuse and neglect by providing parents with what they need to parent effectively, even under stress. By building relationships with families, program staff can recognize signs of stress and build families' Protective Factors with timely, effective help.

This breakthrough strategy for dealing with child neglect and abuse shows great promise because:
- The Protective Factors have been demonstrated to work and are informed by extensive, rigorous research.
- Activities that build the Protective Factors can be built into programs and systems that already exist in every state, such as early childhood education and child welfare, at little cost.

- Strengthening Families has widespread support from social science researchers, state child welfare officials, early childhood practitioners, and policy experts. Currently, the Strengthening Families approach is being applied in 36 states.
- Early childhood educators want to strengthen families: a National Association for the Education of Young Children survey shows that 97% want to do more to prevent maltreatment.

Although Strengthening Families was developed in early care and education programs, partners in a large variety of settings working with many different populations are exploring ways to apply the approach.

Strengthening Families Through Early Care and Education

This initiative is supported by the Center for the Study of Social Policy and the National Alliance of Children's Trust Funds through funding by the Doris Duke Foundation. Missouri has proceeded with the implementation of the Strengthening Families through Early Care and Education initiative. The goals are to incorporate five protective factors to the extent possible in CD's early childhood and child welfare programs and to create better linkages with other child welfare systems through cross training and joint initiatives. The process began with selecting six pilot sites that will serve as exemplary sites with the hope that eventually they will mentor other sites in the Strengthening Families model.

The pilot sites were chosen in FY 2007 along with a contractor to provide technical assistance in embedding the protective factors into their programs. The five protective factors: Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, and the Social and Emotional Competence of Children have been woven through or embedded within a variety of major initiatives and programs including; training for frontline child welfare staff, training for foster parents, the Parents as Teachers National curriculum, the Prevention module of basic child care orientation training for child care providers, the Children's Trust Fund discretionary grant program, the statewide strategic plan developed under the national MCFH Early Childhood Comprehensive Systems (ECCS) Plan grant that guides the work of the Early Childhood Coordinating Board appointed by the Governor, the state Quality Rating System, and a variety of grants and initiatives of the various state agencies engaged in early childhood activities. This work will continue on an ongoing basis.

Several individual city, county and community initiatives are also beginning to utilize the Strengthening Families model in their infrastructure to support parent involvement and to embed the protective factors in their programs and initiatives. In conjunction with the ECCS plan, the SFI steering committee will be developing outcome measures and strategies as part of the ECCS strategic plan. The CD is working to contract with someone as a project manager for this initiative to begin at the end of FY 08 and continue through FY 09. The project manager will work to move the initiative forward and to meet the goals of the original plan. Due to budget shortfalls the CD has not yet been able to contract with a project manager however the work continues.

The CD is also working to embed the Protective Factors and SFI philosophy and framework in its child welfare policy, practice, and training.

Intensive Family Reunification Services (IFRS)

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program designed to reunify children who are in out-of-home care and who, without intensive intervention, are likely to remain in care longer than six months. Intensive Family Reunification Services are based on the belief that families can, through intensive intervention, improve their functioning, learn to meet the needs of their children, and gain support from within their community to enable families to be safely reunified. The goals of IFRS are to assist the family in removing barriers for the return of their child(ren), assist in the transition of returning the child(ren), and to develop a plan with the family which will maintain the child(ren) safely in the home for at least one year following the intervention.

CD staff and contracted staff provide intense, time-limited family reunification services to families. Staff meets with families within 72 hours of the IFRS referral. An IFRS Specialist will carry no more than three families at any given time and a minimum of thirteen families annually. The intervention is intensive, averaging 13 hours per week, per family. The IFRS Specialist is available to the family 24 hours a day, 7 days a week. Services are time limited, usually 60 to 90 days.

The North Carolina Family Assessment Scale for Reunification (NCFAS-R) was utilized for a pre and post functioning to measure changes in family functioning during an IFRS intervention. This tool is currently being used by staff and contractors statewide and will continue to be used as the assessment tool for IFRS.

Families are eligible to receive IFRS if at least one child (0-17 years) is in the custody of the Children's Division and placed in out-of-home care. Sites offering IFRS include:
> Site #741: Lawrence, Barry, Stone, Newton, McDonald Counties
> Site # 941: Jackson County
> Site #942: St. Louis City, St. Louis County, St. Charles and Jefferson Counties
> Site #943: Boone, Callaway and Cole Counties
> Site #944: Franklin, Gasconade and Osage Counties
> Site #945: Cass and Johnson Counties
> Site #946: Washington, Ste. Genevieve, St. Francois and Madison Counties
> Site #947: Crawford, Dent, Iron, Reynolds and Wayne Counties
> Site #949: Camden, Laclede, Miller, Moniteau and Morgan Counties

Because of the growing need, eight new sites were added to expand the services to rural areas of the state which include:
> Site #841: Andrew and Buchanan Counties
> Site #842: Jackson County
> Site #843: Maries, Pulaski, Phelps, and Texas Counties
> Site #844: Jasper County
> Site #845: Greene County
> Site #944: Audrain, Montgomery, Warren, Pike, and Lincoln Counties
> Site #948: Perry, Bollinger, Cape Girardeau, Scott, Mississippi, New Madrid,
> Pemiscot, Stoddard, and Dunklin Counties
> Site #950: Christian and Taney Counties

Of these sites, there are 8 IFRS specialists who work for the Children's Division and 26 IFRS specialists who are contracted providers.

The IFRS program continues to be used with high success rates. Children are reunifying with their families earlier with this intensive program.

In November of 2008, the IFRS program was put into FACES (Family and Children's Electronic System), which is Missouri's SACWIS system. Within this program, CD staff and contracted staff input contacts with families, family support team information, family assessment, and court information. This new computer system is meant to streamline the IFRS program statewide. The new computer system will provide data on how many children were reunified through this program and their status at 3, 6, and 12 months following intervention. Then, program success can be determined.

Crisis Nursery

Crisis Nurseries provide temporary care for children whose parents/guardians are experiencing an unexpected and unstable/serious condition that requires immediate action resulting in short term care, and without this care the children are at risk for abuse and neglect or at risk of entering state custody. Crisis Nurseries serve children age birth through 12 years of age (and siblings of these children if necessary). Care for this age group is typically due to an immediate emergency where the parent has no other support systems to provide care and the child is too young to be left alone, such as parental incarceration, another sick child in the household, homelessness, domestic violence, parental illness, etc.

Crisis Nursery services are provided free of charge to families voluntarily accessing services in response to such a family emergency. Crisis Nursery services are available twenty-four (24) hours a day, seven (7) days a week. A child will be accepted at a crisis nursery facility at any time, day or night, if space is available. Crisis Nursery contracts are awarded through a competitive bid process which was rebid in 2007. Currently there are twelve (12) crisis care nurseries across the state. In FY 09 3,256 unduplicated children served in crisis care nurseries. See five year plan, Objective #11 for more information.

Teen Crisis Care

Teen Crisis Care Centers provide a safe haven for teenagers, ages 13 through 17 years, who are experiencing a crisis at home. Teens experiencing crisis, and lacking a safe haven, may also resort to participation in risky behaviors in order to survive. As a result these teens sometimes fall prey to predators, drug addiction, prostitution, and/or experience serious injury or, in the extreme, death.

Older youth seek crisis care services as a result of problems that have been typically building over time, such as an altercation with a parent, being kicked out of their home, parental substance abuse or mental health issues, homelessness, or because of situations that place them at risk of emotional, physical, or sexual abuse. These situations typically take time to resolve or to make alternate more permanent arrangements. As a result, in addition to providing a safe place for a "cooling off period", teen crises typically require providers to assist in stabilizing the crisis within the family through mediation, referrals for appropriate intervention services, and/or the necessary referral to permanent support services within the community.

Teen Crisis Care services are provided free of charge to families voluntarily accessing services in response to such a family crisis. Crisis care services are available twenty-four (24) hours a day, seven (7) days a week. A teen will be accepted at a crisis care facility at any time, day or night, if space is available. Crisis Care contracts are awarded through a competitive bid

process which was rebid in 2007. Currently there are nine (9) teen crisis care centers across the state. See five year annual update for progress data. In FY 2009 555 unduplicated children served in teen crisis care centers. See five year plan, Objective #11 for more information.

F. Professionalism

In addition to the Children's Division directly providing training, other entities who will be used to provide short term training will include (but not be limited to) OSCA and CASA. Additional categories of trainees will include relative guardians; staff from state-licensed or state-approved child welfare agencies providing services to children receiving title IV-E assistance; child abuse and neglect court personnel; agency, child or parent attorneys; guardians ad litem; and court appointed special advocates per PL 110-351.

Professional Development and Training SFY 10-11

Children's Division Professional Development and Training has continued to develop and deliver an initial core and ongoing in-service training program for all new Children's Services workers and supervisors. The training is based in agency policy and best practice and is designed to provide a consistent core structure, but also provide ongoing in-service opportunities based on needs identified through individual, regional or circuit specific assessment, as well as professional development plans between staff and first line supervisors. The professional development of staff is considered to be a ―system" within the agency and must rely on numerous key elements working in concert together including classroom training, on-the-job-training and reinforcement of clinical skills in the field between staff and the first line supervisor.

On-the-job Training

New staff must complete On-the-Job Training (OJT), which supports the classroom training. On-the-Job training activities are part of the learning process of the new worker and they must be allowed time and support in completing these activities. In order for classroom training to have an effect on practice, participants must use their newly acquired skills in the work setting in the performance of OJT activities. The supervisor must ensure that new workers have an opportunity to do the assigned OJT activities referenced in the guide. An revised OJT guide was developed for both the supervisors and the staff with required activities to be completed. The Acknowledgement of Completion of OJT Assignments form must be initialed and dated by the supervisor and employee following each activity during the first 6 months of the OJT process. At the completion of the first 6 months of OJT, a final sign off is required by the supervisor and the employee. The completed form is to be kept in the employee's local personnel file.

Completion of OJT is also acknowledged and tracked through the Employee Learning Center (ELC). The ELC is used to track enrollments, wait lists, completion of training, assigned curricula, training plans, as well as creating gap analysis reports.

Child Welfare Practice Basic Orientation Training

The initial in-service curriculum is titled Child Welfare Practice Basic Orientation Training (CWPT). This training is provided to new Children's Division staff and new contracted agency staff. The <u>initial</u> in-service training takes place during the first several months of employment

and currently includes 126 hours of classroom training provided by Children's Division trainers combined with on-the-job training that is under the direction of the first level supervisor. The emphasis of the supervisor is on reinforcement of competencies of skills taught in the basic orientation classroom training.

The new Children's Services Worker, including one promoted to the position from elsewhere in the agency, is in probationary status during the first twelve months of employment. During this twelve month probationary period, the new employee receives ongoing in-service classroom training and OJT related to their job assignment which is in addition to the initial CWP Basic Orientation. A probationary worker carries a reduced caseload during this probationary period and is closely supervised in all aspects of the job to ensure that he or she is acquiring the skills necessary to adequately perform the job duties.

There are five classes in the initial Basic Orientation curriculum:
- Family-Centered Philosophy and Skills Training
- Child Abuse/ Neglect Investigations/Family Assessments/ Application of Family Centered Philosophy and Skills for Intact Families
- Expedited Permanency and the Family-Centered Out-of-Home Care Process
- Children's Division Computer Systems Training
- Reinforcement and Evaluation

As of June 2010, a total of 15 regionalized sessions of Child Welfare Practice Basic Training have been conducted for 162 participants.
- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible; sessions conducted regionally to provide greater availability to staff and minimize travel cost)
- Duration category of training activity - full time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days /hours of the training – A complete session is currently 126 hours over 5 weeks with approximately one –two weeks in between each for OJT skill practice activities
- Audience to receive the training - All new Children's Division front line social services staff and contracted agency staff providing case management
- Description of the estimated total cost - approx. $ 300,000 per year (14-24 sessions per year conducted regionally)
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in this training:
- Referral to services
- Preparation for and participation in judicial determinations
- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision
- Recruitment and licensing of foster homes and institutions

Core In-service Modules for Front Line staff

In addition to the CWP Basic Orientation for new front line staff, the Professional Development and Training Program offers 3 core in-service modules for staff. The in-service modules serve as the next level of skill development for staff following completion of the initial CWP Basic Orientation and OJT. The modules provide concentrated skill building with an emphasis on core areas of agency policy and best practice and include both classroom training as well as On the Job Training. This in-service structure provides ongoing education and professional development of staff throughout their first twelve months of employment while in probationary status. The modules are designed to include a supervisory component followed by the sessions for the worker. Depending on the area of specialization, staff are required to complete one or all of the sessions.

Investigation and Assessment Core In-service

This 4-part in-service module will provide concentrated focus on the identification and response to specific types of abuse and neglect .Various methods of instruction will be used to explore Critical Thinking Skills, Social Investigation/Assessments, Multi-Disciplinary Teams, Supervisory Consultation, Decision Making, Worker/Child/Family Safety & Risk, Interviewing Children and Adults, Documentation, Introduction to Child Advocacy Centers, Physical Abuse, Sexual Abuse, and Physical Neglect, and Skills Demonstration and Practice emphasis in conjunction with On-the-Job Training Assignments.

As of this date in SFY 10, 7 sessions have been conducted for a total of 84 participants. Additional sessions are planned for SFY 11.
- Setting of the training activity **-** Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - part time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days /hours of the training – 32 hours; offered 2-4 times per year
- Audience to receive the training - New Children's Division front line social services staff who have been on the job for 6-12 months; Front line supervisory staff attend the supervisory portion only
- Description of the estimated total cost –$30,000 /yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in these training modules:
  - Referral to services;
  - Preparation for and participation in judicial determinations;
  - Placement of the child;
  - Development of the case plan;
  - Case reviews;
  - Case management and supervision

Family Centered Services for Intact Families Core In-service

This in-service module will provide the knowledge and skills for a CD staff person providing service to intact families. Concentrated focus will be on Engagement Skills, Safety/Risk Assessment and Re-assessment, Safety Planning, Family Support Team Meetings, Family Specific Service and Treatment Planning, Underlying Issues/Family Functioning, Case Planning

and Case Documentation and Skills Demonstration and Practice emphasis in conjunction with On-the-Job Training Assignments.

In SFY 10, 7 sessions have been conducted for a total of 86 participants. Additional sessions are planned for SFY11.

- Setting of the training activity **-** Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - part time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days /hours of the training –14 hours offered 2- 4 times per year
- Audience to receive the training - New Children's Division front line social services staff who have been on the job for 6-12months;Front line supervisory staff attend the supervisory portion only
- Description of the estimated total cost – $ 20,000 /yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in these training modules:
  - o Referral to services
  - o Preparation for and participation in judicial determinations
  - o Placement of the child
  - o Development of the case plan
  - o Case reviews
  - o Case management and supervision

Family-Centered Services in Out-of-Home Care Core In-service

This in-service module will focus on the knowledge and skills of a CD staff person providing family-centered out-of-home care services to children and families. Concentrated focus will be on facilitating family support team meetings, concurrent planning/case planning, critical thinking, case documentation, written service agreements, safety assessment in biological and foster parent homes, risk assessment/re-assessment, court/permanency issues, case closure, children exiting care, cultural diversity and Skills Demonstration and Practice emphasis in conjunction with On-the-Job Training Assignments.

In SFY 10, this training was temporarily put on hold and re-designed to better meet the needs of staff. Sessions are scheduled to resume in SFY 11.

- Setting of the training activity **-** Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - part time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days /hours of the training -3 days offered 2-4 times per year
- Audience to receive the training - New Children's Division front line social services staff who have been on the job for 6-12 months; Front line supervisory staff attend the supervisory portion only
- Description of the estimated total cost – $ 20,000 /yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in these training modules:
  - o Referral to services
  - o Preparation for and participation in judicial determinations

- o Placement of the child
- o Development of the case plan
- o Case reviews
- o Case management and supervision

Older Youth Training

This 12 hour training provides information on the core philosophy elements of the Older Youth Program. Youth development principles and assets are discussed. In this training, participants will:

- Learn to apply youth development philosophy and identify ways to implement youth development activities. Learn what life long and permanent connections are and the importance of each
- Learn the importance of how adolescent development relates to permanency and youth involvement
- Develop an understanding of strategies to develop connections, how to talk to youth about connections and the link between independent living service activities and permanent connections
- Gain an understanding of the responsibilities of case management of older youth and procedures for using the Ansell-Casey Life Skills Assessment
- Learn how the ACLSA provides a comprehensive approach to assessment, goal planning, life skills instructions, and the evaluation of life skill activities
- Learn how to conduct a strength/needs assessment interview and how to use the web-based Ansell Casey Life Skill Assessment
- Understand how the Adolescent FST Guide & Individualized Action Plan and resources will assist to engage youth in their permanency and education planning

In SFY 10, a total of 13 sessions have been conducted as of this date for 159 staff. For SFY 11, this course and content will be combined with, and become part of, the newly re-designed Family-Centered Out-of-Home Care In-service. This course will be provided to new staff who work with Family-Centered Out-of-Home Care /Older Youth and will be completed following Child Welfare Practice Basic Orientation.

- Setting of the setting/venue of the training activity **-** Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training – CD Training and policy staff
- Approximate number of days/hours of the training <u>per session</u> –2 days
- Audience to receive the training – CD staff, foster parents, contracted providers
- Description of the estimated total cost - approx. $16,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
  - o Referral to services
  - o Placement of the child
  - o Development of the case plan
  - o Case reviews
  - o Case management and supervision

Cultural Competency Training

This 6 hour training is intended to help develop and enhance skills in working more effectively with children, families and communities from a variety of ethnic, political, economic, lingual, and religious backgrounds. This training will enhance a participant's awareness of how to be respectful of one's values, beliefs, religion, customs, and parenting styles of the families we serve. The training focuses on strategies, using strengths and empowerment based approach. In SFY 10, 2 sessions have been completed as of this date for 48 staff. Additional sessions are planned for SFY 11.

- Setting of the setting/venue of the training activity **-** Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training – CD Training staff
- Approximate number of days/hours of the training <u>per session</u> –6 hours
- Audience to receive the training – CD staff, contracted providers
- Description of the estimated total cost - approx. $10,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
  - o Referral to services
  - o Placement of the child
  - o Development of the case plan
  - o Case reviews
  - o Case management and supervision

Professional Ethics Training

This 3 hour training course is intended to assist participants to:
- Become more aware of and more sensitive to ethical issues in professional practice
- Identify and grapple with competing arguments by examining their limitations and strengths
- Recognize the ethical principles involved in their practice situations
- Develop a greater understanding of the complexities of ethical decision making
- Reach thoughtfully reasoned conclusions and apply ethical principles to professional activities
- Clarify moral aspirations and standards and evaluate ethical decisions made within the context of the profession

In SFY 10, a total of 2 sessions were conducted for 27 staff. Additional sessions are planned for SFY 11.
- Setting of the setting/venue of the training activity **-** Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training – CD Training staff
- Approximate number of days/hours of the training <u>per session</u> –3 hours
- Audience to receive the training – CD staff, contracted providers
- Description of the estimated total cost - approx. $6,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
  - Referral to services

- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision

Adoption Training

This training is designed to be flexible to meet the specific, individual needs of each region. The training focuses on topics such as federal laws relating to adoption, ICWA guidelines, MEPA-IEP guidelines, state laws, permanency through adoption, case planning for adoption, loss and attachment issues, impact on the child, the birth family and resource family, behavioral interviewing, child specific recruitment, writing family assessments, decision making and placement of siblings, conducting an adoption staffing, child, birth family and resource family preparation, court preparedness, and post finalization services. This training has been provided throughout the state as part of the agency's accreditation efforts. The training will continue to be provided as part of the ongoing training in SFY11 for accredited sites. A total of 4 sessions were provided in SFY10 for 46 staff. Additional sessions are planned for SFY11.

- Setting of the setting/venue of the training activity **-** Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training – CD Training staff
- Approximate number of days/hours of the training <u>per session</u> –10 hours
- Audience to receive the training – CD staff, contracted providers
- Description of the estimated total cost - approx. $20,000 per year.
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
    o Referral to services
    o Preparation for and participation in judicial determinations
    o Placement of the child
    o Development of the case plan
    o Case reviews
    o Case management and supervision

Legal Aspects Training

For Children's Division Field Staff

Legal Aspects for Investigators

From July 2009 through June 2010, Legal Aspects for Investigators training was conducted in the regional training centers in 7 sessions averaging 16 participants per session. This training is mandatory for all investigators, their supervisors and management involved in substantiating preponderance of evidence (POE) or in providing the administrative review to uphold or reverse the finding of POE. Since the state-wide role out in the 2008/9 training year, this training is for new staff on the investigative track after completing basic (so within the first year) as well as new supervisors and administrators who would be upholding or reversing finding of child abuse or neglect by POE.

This two and one-half day training provided participants with the basics on federal constitutional law involving the rights of parents, children, perpetrators and the state, and how these rights impact (1) the CA/N hotline investigative process, (2) placing a person's name on the Central Registry and (3) in making recommendations for the removal of children from the home. This training also included the statutory definitions of abuse and neglect and the preponderance of evidence (POE) standard necessary to substantiate a hotline investigation. The legal training portion concludes with a section on evidence and making presentations to the CANRB from a legal perspective.

The Critical Thinking portion of the training was specifically tailored to help investigators and supervisors at key decision-making points in the investigative process: gathering information, evaluating evidence and deciding whether or not to substantiate POE.

Legal Aspects - CA/N Camp

This 3 hour training was held 3 times this training year for a total of 57 supervisors and administrative level staff involved in the administrative review to uphold or reverse POE findings. It was held at the request of the regions. It was developed to support the Legal Aspects for Investigators training. It is narrowly focused on applying the evidence gathered from the investigation to the legal elements of abuse and neglect and articulating how the facts support or weigh against each of the elements of either abuse or neglect in coming to a conclusion of POE. It provides updates on current cases from the appellate level, circuit court level and CANRB that illustrate the issues.

Legal Aspects of Family-Centered and Adoption Cases

This Legal Aspects training was conducted for supervisors and other management level 7 times in the training regions and once for contractors in Jackson County with a total of 158 participants. It will be available in the 2010/11 training year for front line workers in Family Centered (both intact and out of home) and adoption cases after completing basic training.

This two and one half day training provided participants involves (1) fundamentals of the law that apply in child welfare cases from investigation to removal from the home through permanency, (2) how constitutional, federal and state law impact permanency planning and concurrent planning and (3) an introduction to termination of parental rights.

In SFY 10, a total of 7 sessions were conducted for 158 staff. Additional sessions are planned for SFY 11.
- Setting of the setting/venue of the training activity **-** Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training – CD Training staff, Legal Issues Training Coordinator
- Approximate number of days/hours of the training per session –2.5 days
- Audience to receive the training – CD staff, contracted providers
- Description of the estimated total cost – We spent approximately $6,000 since January 2010.
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the

results of the Random Moment Time Study. The following activities are addressed in this training:
- Concurrent Planning
- Introduction to Termination of Parental Rights

Other Trainings Involving Legal Aspects of Family-Centered and Adoption Cases

Variations of these materials were trained at the specific request of or approval of the regions: 1) two one-day trainings for staff in two circuits (26th and 30th) were conducted. The content was a modified version of the Legal Aspects training for Family-Centered and Adoption workers 2) a one-day version for staff of two northern circuits 3) 2 hours on implementing permanency plans for the 40th circuit 4) 2.5 hours on incarcerated parents for a contractor.

Train the Trainer

Two sessions for the Jackson County trainers were conducted. One training was on the legal aspects of investigations and the other on the legal aspects of permanency planning, concurrent planning and termination of parental rights (TPR).

Courtroom Skills

Under an OSCA grant, a 1 day courtroom skills training was conducted for the 40th circuit. Additional courtroom skills trainings have been scheduled with 3 in Jackson County specifically and, as the curriculum is being revamped, additional ones across the state in the 2010/11 training year. The curriculum focuses on understanding court processes, evidence, and testimony.

Multidisciplinary Trainings

Multidisciplinary trainings for the 2009/2010 year included 1) two trainings of two day each on TPR for AJOs, division staff and contractors and DJOs in the 13th circuit 2) a 1.5 hour training for 120 child welfare professionals on the laws on relative placement in Jefferson County 3) under JCIP, 6 sessions across the state on the Legal Aspects of Permanency Planning and Concurrent Planning

Legal Aspects DVD Series

Two DVDs have been completed and are being copied for distribution to the field on Legal Aspects - CA/N Camp I and The Legal Aspects of Concurrent Planning. CA/N Camp I is designed to be an annual DVD on changes to the law or updates, focusing on the legal elements of abuse and neglect and gathering evidence to meet those legal definitions. It is a training tool for supervisors to use with staff and includes 8 activities. The Concurrent Planning DVD is an overview of the underlying legal issues that affect permanency planning and concurrent planning and the importance of locating absent parents and placing with siblings and relatives. 8 additional DVDs are planned pending budget finalization.

Training for Other Entities

CANRB

Two CANRB training were conducted for new appointees during the 2009/10 training year. A one hour refresher for CANRB members is available if requested. They are also scheduled through the summer 2010 as new members are appointed.

Community Partners

In Buchanan County a 3 hour community presentation to schools, law enforcement, therapists, juvenile officers and other agencies was made to about 70 people. There was a panel of presenters with the focus

Metro Kansas City Juvenile Bar Committee

A 1.5 hour presentation on the Legal Aspects for Investigators was made to some of the judges, commissioners, AJOs and GALs in Jackson County. The presentation included burdens of proof and standards of evidence in the various juvenile court and criminal processes as well as the legal elements of abuse and neglect.

Judicial College

A one hour presentation was made to the judges at each of the two Judicial Colleges on TPR, focusing on a check list approach for judgments for termination of parental rights based on statutes and case law.

Division of Legal Services

A 2 hour presentation was made for the DLS attorneys on the new concepts of safety as part of their continuing legal education requirements. A judge and a division trainer also participated.

STARS *Pre-Service, In-Service, and Spaulding Train the Trainer*

Training for resource families continues to be offered and conducted on a regular basis utilizing the training curriculum purchased from the Child Welfare League of America (CWLA). Foster PRIDE/Adopt PRIDE curriculum produced by CWLA is a part of Missouri's preparation of resource families which is called STARS, which means **S**pecialized **T**raining, **A**ssessment, **R**esources, **S**kills, and **S**upport. Staff training and Development provides the STARS Train the Trainer courses for local training teams. The local training team consists of a service worker, foster and/or adoptive parent and a supervisor of the team. The service worker and the foster/adoptive parent co-trains. The service worker also is responsible for conducting the family assessment need for licensure.

The CWLA curriculum has 12 in-service modules providing over 100 hours of training. Train the Trainer courses are conducted for the same local training teams noted above. These courses are conducted throughout the state.

In addition to STARS, adoptive parents are required to attend 12 hours of training, specific to adoption, and prior to licensure. The above teams are also trained to provide the Spaulding "Making the Commitment to Adoption" course.

All the above STARS and Spaulding Train the Trainer courses include contractors who provide the training and assessment of resource families. A total of 9 sessions have been conducted for 139 participants who have attended STARS Pre-Service, In-Service, and Spaulding Train the Trainer as of this date in SFY10. Additional sessions are scheduled for SFY11.

- Setting of the setting/venue of the training activity **-** Contracted facility or agency conference when possible
- Duration category of training activity - part - time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days/hours of the training per session - STARS Pre-service 2 weeks with one week in between sessions; STARS In-service (12 modules conducted as follows: modules 1-6 one week; modules 7-12 one week; Spaulding 3 days
- Audience to receive the training - Teaching foster parents, CD staff and contracted providers who provide local STARS/Spaulding training and assessment for prospective resource families
- Description of the estimated total cost - approx. $100,000 for all trainings/multiple sessions per year
- This training is allowable as a Title IV-E activity to be matched at a 75% FFP rate and will be allocated by Missouri's IV-E penetration rate. The purpose of this training is to prepare foster parents for caring for children in the custody of the Children's Division to be placed and cared for in their homes. The following activities are addressed in this training:
  - Referral to services
  - Preparation for and participation in judicial determinations
  - Placement of the child
  - Development of the case plan
  - Case reviews
  - Case management and supervision
  - Recruitment and licensing of foster homes and institutions

Professional Development Collaboration

Over the past year, the Children's Division has continued to move forward with collaborative efforts to strengthen the professional development and practice of agency staff. The feedback and evaluation from the training opportunities, both in the classroom, as well as in the field, has been positive overall. Staff indicate this professional development has improved individual knowledge and skill, but it has also provided a means to strengthen strategic planning and ongoing collaboration at the local level.

One of the primary partnerships that has continued is the Office of State Courts Administrator and Children's Division Collaborative. OSCA and the Children's Division continue to jointly develop and deliver comprehensive training for Juvenile Court staff and Children's Division staff on child protection and juvenile court programs that impact policy and practice in both agencies.

In SFY 10, the following joint training was provided for Children's Division and Juvenile Court staff:

Advanced Facilitation Skills Training

This training was offered in 7 locations throughout the state with 129 participants in attendance. The training is aimed at improving the efficacy of family support team meetings.

Getting to Permanent Outcomes
A total of 7 statewide sessions were provided for 216 staff. As a result of the statewide sessions, individual circuits are now conducting the training locally as well, so staff who were unable to participate in the statewide sessions can attend within their circuit. The training includes such topics as:

1. Roles and Responsibilities of team members (including family and older youth)
2. Role Expectations - both professionally and as a team member
3. Leadership Styles
4. Group Dynamics
5. Building Relationships with Families
6. Characteristics of the Family Support Team
7. Legal Aspects of Permanency Planning and Concurrent Planning
8. How fundamental legal concepts and laws impact Family Support Team decisions on permanency plans, concurrent plans and placement
9. Barriers to implementing adoption and guardianship plans

Courtroom Skills Training for Good Child Welfare Practice

This training focuses on preparing for court, professionalism in the courtroom, testifying in court, and legal terminology. Proper courtroom procedure including professionalism, understanding the role in the court process, knowing how to prepare and read court orders, knowing the required contents of a petition, preparing for testimony, understanding basic evidentiary rules, handling cross-examination, knowing how to be responsive to questions as well as understanding the statutory criteria for TPR cases are covered. As of this date in SFY 10, 4 sessions have been conducted for 63 participants. Additional sessions are planned for SFY 11.

Framework For Safety Webinar Training

In May 2010, through a collaboration between Children's Division and Office of State Courts Administrator, a webinar training entitled ―Framework for Safety" was offered statewide to Children's Division and Juvenile Court staff. The webinar provided state of the art information on the concepts and approach regarding safety threats, child vulnerabilities and caregiver protective capacity within families. This training effort was intended to strengthen the mutual understanding of these concepts and approach for child welfare staff, juvenile court staff, judges and attorneys. A total of 311 participants statewide registered for the webinar.

Annual Update on the Five Year CFSP Plan (2010-2014)

Missouri's five-year strategic objectives for improving child welfare services are reflected in this section and are based on Missouri's six Guiding Principles. Under each principle is an objective with measures of progress listed. For each measure's progress there is an annual update. Our focus will be to incorporate these strategies into Missouri's upcoming Program Improvement Plan in an effort to reduce redundancy.

In keeping with the federal emphasis on collaboration efforts, we openly invite stakeholders to assist making changes or improvements in service delivery to families we serve. As Missouri moves through the Program Improvement Plan, key stakeholders will be invited to participate in the planning process.

Mission Statement
To partner with families, communities, and government to protect children from abuse and neglect and assure safety, permanency and well being for Missouri's children

State Objectives/Guiding Principles

Protection (Safety) Children have a right to be safe and live free from abuse and neglect.

Objective #1: To protect the health, safety, and welfare of children by continuing the use of Strengthening the Culture of Care training and philosophy in licensed residential child care agencies

1.1.	**Provide refresher education for Strengthening the Culture of Care**

The refresher training for Strengthening the Culture of Care was held in St. Louis on July 28-29, 2009; Kansas City August 24-25, 2009; Springfield on September 17-18 2009 to train a total of 69 participants.

The goal of Culture of Care training is to increase child safety and nurturance while in residential treatment. The four core principles explored in the training are youth development, collaboration, culture competence and permanent connections. The Culture of Care training was used as a strategy to reduce child abuse and neglect in out-of-home care in Missouri's first Program Improvement Plan. Since the original training in 2004, the training has been enhanced to provide exercises which give participants more hands-on training.

After the training was held, evaluations were sought from each participant. In order to measure the effectiveness of this training, the participants rated questions on a scale from 1-5, with one being poor to five being very good, and some questions simply requiring a yes or no answer. The scaled answers, from 61 respondents, were classified as positive, negative or neutral. The following table illustrates a few of the questions which provide a ―picture" of the training effectiveness. 32 out of the 61 survey respondents have been working in a residential facility for over 5 years.

Q #	Question	Percent Receiving Positive Scores
5	How do you rate the potential for using, day-to-day, the information and/or skills presented?	93.5%
7	How do you rate the potential for using the information and/or skills in improving outcomes for the youth with whom you work?	91.8%
15	The training offered me new knowledge of promising practices in youth work.	95% (yes)
16	The new/additional knowledge I have gained from this training will help to improve outcomes for the youth with whom I work.	95% (yes)
17	This training provided me with new skills to use in my work with youth.	96.7% (yes)
18	I have had an opportunity to practice a new skill during this training.	95% (yes)
19	It is important to include culturally competent services to youth.	100% (yes)
20	I will (continue to) include culturally competent practice in my work with youth.	100% (yes)
23	It is important to support permanent connections for youth.	100% (yes)
24	I will (continue to) assist in developing permanent connections.	100% (yes)

This measure of progress as written in the five year plan is *complete*.

1.2.	**Develop a data base to capture all substantiated reports where the perpetrator is an employee of a residential child care agency (Use 2008 data as the baseline)**

A data base has been established using Excel software to capture all the hotline calls involving staff from residential treatment facilities. In 2008, there were a total of 15 with 7 overturned leaving 8 substantiated residential child care agency hotlines. In 2009, there were a total of 12 substantiated residential child care agency hotlines. A few of these hotlines are still pending review with the Child Abuse and Neglect Review Board. When considering the total number of substantiated hotlines, there was a decrease from 2008 to 2009; however, the ―actual" number for 2009 cannot be determined until all hotline reviews have taken place.

1.3.	**Decrease the number of substantiated reports for children in residential care**

When analyzing the number of children involved in child abuse and neglect reports while in a residential facility and the perpetrator is a facility employee for 2008, both before and after review overturns are very different. The number of children before overturns is 20, and after is 10. This is a fifty percent decrease. Currently the 2009 hotlines involve 20 children with reviews still pending. Therefore the actual number is not yet available and comparisons cannot be determined at this time.

Objective #2: Continue the "small test of change" relating to the Breakthrough Series with child abuse and neglect reports in selected circuits and when changes are tested successful, extend practice statewide	
2.1.	**Reduce the number of children who experienced repeated maltreatment. Currently, Missouri has an average of 95.35% (SFY 05, 06, 07, 08, Outcome Measure #3) of children without another substantiated maltreatment report within six months. The National Standard is 94.60%. Our goal is to remain at or above the National Standard consistently through the next five years.**

In 2008, 4.10% (95.9%) and in 2009, 3.20% (96.8%) per our internal data of Outcome Measure #3. Since the creation of the five year Title IVB objectives, Missouri has received the Data Profile for 2007 and 2008. Using the data indicator for Absence of Maltreatment Recurrence (#VI. Page 21, Missouri Data Profile data January 29, 2010) for 2007, Missouri's repeat maltreatment was 95.5% and in 2008, 97.1%; both surpassing the national standard. Therefore according to all related data available, Missouri met this goal to maintain or exceed the repeat maltreatment national standard for 2008 and 2009. In addition, from both the data profile and the outcome measure, Missouri has reduced the number of children who experienced repeat maltreatment.

2.2. **2.3**	**Track small changes and evaluate impact** **Monitor changes implemented statewide (that originated from this pilot project)**

Both of the measures of progress mentioned above are part of the Breakthrough Series Collaborative (BSC) which was sponsored by Casey Family Programs and focused on reducing of maltreatment. To begin this project, it was necessary to define what repeat maltreatment meant when dealing with chronic neglect. In addition this BSC looks at the effect on children who suffered from accumulation of harm. That is, children who experience repeat episodes of abuse and neglect and often do not recover from that harm before the maltreatment begins again. While there is debate as to whether neglect can be thought of as a recurrent event or is by definition a chronic" condition until ameliorated, most research measures chronicity in terms of whether or not the family continues to come to the attention of others for neglecting behaviors.

This growing focus on reducing the recurrence of maltreatment resulted in a partnering in 2008 with the Casey Family Programs to create innovative practices to reduce the recurrence of maltreatment. By using the BSC methodology, there is a distinguished difference between a standard pilot or implementation project in several ways. The key aspect is the inclusion of the rapid Plan-Do-Study-Act (PSDA) cycles. Instead of spending a long time planning for massive changes, teams are encouraged to teat an idea as soon as it occurs. Encouragement is given to never plan for more than what can actually occur in a short time span.

In this methodology, teams are created and all members are participants in this process. The

teams may consist of frontline workers, screeners, family members involved with the system, community partners, and management, all with experience and knowledge of the issue. Teams make suggestions and then tested in the field.

To enhance the team, the BSC incorporated a pre-existing initiative relating to repeat maltreatment, Building Healthy Families, which began in 2006 in the 29th and 40th circuits. Through the addition of this initiative comes a strong understanding of effective approaches to reducing recurrence of maltreatment. One of the suggestions made by this initiative was to include investigative unit members as part of the team because of the observation where investigators were frequently exhausted by families who were repeatedly brought to the attention of the agency and left investigators feeling frustrated because of the lack of progress.

Here are some of the practice innovations which were tested using the PSDA cycle:
- Using a brochure to explain agency involvement created a seamless transfer from the investigation to the family-centered services phase. This brochure use seemed to urge the family to be more willing to cooperate in their case planning.
- Using Family Support Team Meetings every 30 days in the family-centered services phase. This process gave the family a sense of options and control and shifted the relationship from an agency out to take away their children to an agency willing to ―help".
- Using school social workers as team members when there were school issues. This process provided information not only to, but from the school, which assisted in specific focus for school issue.
- Using additional questions at the initial intake call (CANHU), such as gathering information regarding a child's special needs.
- Conducting ―exit interviews" prior to closing the cases to provide insight into services and ending the case on a positive note.

The pilot project in the 29th and 40th circuit changed staffing allocation for workers who worked with chronic neglect cases. A usual family-centered service caseload was 20-25 cases and closed within 4-5 months. In this project, chronic neglect workers handled 6-8 cases for 6-12 months. This project had an established control group and concluded that 76% of the cases closed remained intact while the control group experienced 41% remaining intact. Families reported having a higher level of satisfaction and only a small number of cases remained opened for six months or more.

While the BSC and the Building Healthy Families program proved successful for chronic repeat neglect families, the program could not be sustained statewide due to funding unavailable. During this time of hiring constraints and growing caseloads prohibited this manner of approaching families. The small test of change concept may be adapted in other initiatives.

Due to funding constraints, the "small test of change" efforts have ceased, however, any elements considered cost neutral may continue.

Objective #3: To promote continual monitoring of registered family home providers which promotes the health and safety of children in their care

3.1	**All registered family home providers will complete an initial background screening prior to providing child care services for CD**

100% Family Home Providers receive an initial background screening prior to providing services. Background screenings take approximately 6 weeks to complete depending on the volume of reviews received by the Missouri State Highway Patrol (MSHP) and the Federal Bureau of Investigations (FBI) at any given time. Individuals that are rejected due to a background screening are not eligible to provide subsidy childcare. Any applicant that is denied due to a background screening does have the right to request a hearing to allow an opportunity to present any extenuating and/or mitigating circumstances.

3.2	**All registered family home providers and household members 17 years of age or older will complete a Family Care Safety Registry screening initially**

100% Family Home Providers and household members 17 years of age or older complete a FCSR screening prior to providing services. An updated FCSR screening is required annually at registration renewal for this population.

3.3	**All registered family home providers and household members 17 years of age or older will complete a Family Care Safety Registry screening annually**

100% Family Home Providers and household members 17 years of age or older completed a FCSR screening prior to providing services. Registrations are approved for a 12 month period. Providers must renew their registration annually. A renewal is not approved if an updated screening is not received on all required household members. Screenings are reviewed by Early Childhood and Prevention Services (ECPS) staff and Child Care Provider Relations Unit (CCPRU) staff in Central Office. CCPRU staff in Metro counties receive a notice of the FCSR results by email. Applicants are notified in writing of the approval or denial of their application. If the application is denied, the reason is noted in the correspondence.

3.4	**All registered family home providers will complete a TB test prior to providing child care services for CD**

100% of Family Home Providers must provide verification of a current negative TB test prior to being registered to provide child care services. A TB test must be completed at registration renewal annually to ensure the individual remains negative for TB. Most individuals receive the TB test from their Local County Health Office or their physician. The cost of the test is the responsibility of the individual.

NOTE: Fingerprint Screenings are required from an applicant at their initial registration. Household members 17 years of age and older, including the registrant, are required to register with the Family Care Safety Registry at the initial registration and annually when renewing a registration. TB test are required for the registrant only at the initial registration and annually when renewing a registration. A positive TB reading results in the denial of the registration. Without meeting these requirements, an individual is not allowed to register as a subsidy child care provider.

This goal has been met for SFY 09.

Partnerships (Collaboration) Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.

Objective #4: To assure children in foster care are offered the same educational opportunities as other children, achieved through continued partnerships

4.1	**Increase percentage of Supervisory Case Review Item 21 (assessing educational needs of children) with a baseline average from SFY 06, 07 and 08 of 67% to 80% by FFY 2014.**

As mentioned in the measure of progress Missouri's Supervisory Case Review (SCR), Item 21, Educational Needs for Children, had a 2008 outcome of 67% followed by an outcome in CY 2009 of 66%, which shows no improvement. In addition to this data, the mock site reviews held in six sites from May 2009 to February 2010, with 65 cases scored 88% a strength. The reason for the discrepancy in the two processes may be due to the SCRT only looks at the case file while the CFSR mock and actual reviews consider information from the case manager and foster parents. The only exception to this is when a child has an Individualized Educational Plan (IEP); these must be included in the record. Preliminary data from Item 21 from the CFSR reviews is 89%.

4.2	**Continue partnering with the Department of Elementary and Secondary Education (Educational Advocacy and Governor's Blue Ribbon Panel)**

Educational Advocacy
The Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team met on a quarterly basis in 2009. The advisory team continues to assure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system. The advisory team has been working on several action steps in 2009 to improve educational opportunities for foster children. The advisory team is looking at the action step of creating an education web center that would centralize education information, create a clearinghouse of said information and increase communication amongst community stakeholders. In addition stakeholder knowledge will increase. The Advisory team has also concentrated on the action step of continuing progress towards a universal number shared with Department of Elementary and Secondary Education (DESE). The advisory team feels there would be many advantages to creating an agreement with DESE which would allow access (both ways) regarding children in foster care. Form letters were created by a subcommittee within the advisory team. These form letters will be shared with Children's Division staff.

The Advisory Team determined that focus groups across the state were needed to discuss the topic of education for foster youth. These focus groups were to be small and focus on ways to

improve educational opportunities for foster youth. The focus groups should involve Children's Division, Juvenile officials, resource providers, school representatives, representatives from residential facilities and GAL's. The focus groups will be set up in each region of the state.

The goals of the focus groups are to gain information on how the process of education and foster children is currently working and ways to improve the process. We are planning on posing questions to the focus groups, letting them discuss these questions as a group and then provide feedback to the larger group. We are looking for not only how things are working well but recommendations could be made on how to improve the process. Our goal is take the information gained from the focus groups and plan a statewide training to get this information disseminated.

Blue Ribbon Panel (See Partnership Section, Blue Ribbon Panel, YIII, for more information)
In August, 2008, the Governor appointed a 17 member panel of public and private partners to assess current resources within Missouri to support youth in or exiting from foster care. The Governor's Blue Ribbon Panel on Youth Aging out of Foster Care included six youth who are currently in or have been released from the foster care system. The Panel focused on six main areas: Permanency and Lifelong Connections; Transition Supports; Physical and Mental Health; Employment; Education; and Cross System Collaboration. The Panel developed recommendations to improve services and supports for youth in foster care. The Panel completed their mission and made recommendations to Governor Nixon in July 2009. One of the recommendations, however, was to form an on-going workgroup to work on the recommendations. That group met for the first time on April 16, 2010.

Some of the other recommendations made through the Blue Ribbon Panel work is to allow older youth to be at the center of their own permanency planning, when performing transitional planning there should be a more comprehensive collaboration with families, Chafee providers, Department of Higher Education and Department of Labor, and remove barriers for children wanting to access public in-state postsecondary education or training programs.

Objective #5: Working with partners, including other state and federal agencies and community partners, Children's Division staff and resource providers will be prepared for disasters and emergencies

5.1	**Increased training of staff and providers for emergencies through the Employee Learning Center for employees and in-service training for providers (provided in-house or by other agencies)**

Emergency management training will be tracked in the Employee Learning Center for all CD staff beginning July 1. Training curriculum has been developed for staff depending on their level of responsibility and availability to respond to emergencies and disasters.   Director, Paula Neese, sent out a Memo PN10-08 describing the structure for obtaining further emergency management training and along with a link to a schedule of trainings.

5.2	**Increased preparedness by assuring each circuit has a circuit-specific emergency plan and staff and resource providers are personally prepared.**

With the help of a workgroup from Southeast Missouri, a template has been developed to assist all circuits with integrating their own plans into the statewide plan. The circuits in the workgroup have developed their plans, which will be reviewed and can be used as samples for other circuits.

5.3	Circuit plans will be reviewed annually by management staff

Annual reviews of emergency plans are to be reviewed per COA standards. These are monitored through the maintenance review process currently underway.

5.4	Resource providers' plans may be available for review and monitored as needed by licensing staff

Resource providers are required to develop emergency plans and a copy must be included in their file, per Sec 5 Ch 1 and CD06-33. At this time, tracking of this measure has not been standardized. The division will develop a way to track compliance with this measure.

5.5	Increased ability to track and locate children in custody

Missouri's Children's Division is very engaged in the efforts of the Federal Emergency Management Agency and State Emergency Management Agency to respond to the needs of children in disasters. The division is partnering with the departments of Health and Senior Services and Mental Health to implement the recommendations of the National Commission on Children and Disasters in the State of Missouri. FEMA is inviting states to participate in a new tracking system that links family members to one another during disasters. Working with the National Center for Missing and Exploited Children, they hope to develop a protocol that can be used during large- and small-scale disasters to link unaccompanied children with parents. CD, along with SEMA, is watching this development closely.

5.6	Streamline child identification processes

CD has been working to discover the best resource for developing and maintaining standardized identification of children in care, but have not settled on the optimal way to do this. Additional research is needed to address the challenges of the constantly changing and mobile population of children in care.

5.7	Use emerging technology to geo-locate resource providers

No progress has been made on this measure. Budget limitations will factor into this measure.

Practice (Case Management and Support Systems) The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.

Objective #6: To decrease the number of moves a child experiences in foster care

6.1	**Expand the capabilities for diligent searches in order find suitable relative**

HB 154 resulted in a change to RSMo 210.305 gives grandparents first consideration for placement before other relative options and requires an immediate diligent search to locate, contact, and place with a grandparent once a decision has been made to take protective custody of a child during the first three hours of custody. All efforts to locate grandparents should be documented in writing. Workers are required to:
- Ask the parents, children, and other contact information for all of the grandparents, if unknown;
- Utilize diligent search efforts to locate the grandparents, if their whereabouts are unknown;
- Attempt to notify grandparents, and leave a message asking them to return the call;
- Ask grandparents if they are interested in placement of the child;
- If more than one grandparent requests placement, the family support team will make a recommendation to the court regarding placement.

In addition, enhanced instructions in the Child Welfare Manual Section 4, Chapter 4, Attachment A, for diligent search efforts. Since several laws relate to the child's foster care placement, staff have a placement hierarchy chart which is intended to guide placement decisions. The Placement Hierarchy Chart may be viewed at:
http://www.dss.mo.gov/cd/info/memos/2010/cd10-016att.pdf

6.2	**Continue an improvement trend evidenced through Outcome Measurement #13a (Reduce the Number of Placements Experienced by Children in Foster Care [length of stay 0-12 months]) and reach 84% by 2014. Currently, the average since 2005 is 79.75% 2009, 83.01%**

- In 2009, per state statute, searches of grandparent are to begin immediately following a decision to remove child
- In 2009, all 45 circuits prepared a readiness assessment and developed a local program improvement plan, resulting in a majority of circuits strategically planning activities to improve placement stability
- In 2009, Missouri received accreditation, affirming it meets standards that focus on permanency, such as:
    - Standards require that foster homes located in safe communities that reflect child's ethnic background
    - Standards recommending/requiring children should be placed in close proximity

to home and community
- o Standards restrict number of children in foster homes and require documentation which ensure needs of all children are met
- o Organization provides adequate pre and in-service training to foster parents
- o Standard requires once-a-month visit with children and foster parents
- o Standards pertaining to the organization employing criteria to match prospective foster parents with children through examining child's and foster parents' strengths and needs
- o Standards place emphasis on exploring relative placement options first (before considering regular foster homes or residential homes).

While the above list relates to very specific activities, there are general, broader events taking place such as:

- The Division is moving away from using emergency placements whenever possible
- Fostering Court Improvement Teams discuss placement stability in regular team meetings
- Many articles in the *In Focus Newsletter,* established 2005, emphasize the importance of stability for children in foster care
- Legislation requiring an FST prior to moving a child
- Constant encouragement is given to staff to use relative placements whenever possible
- COA Standards promote the least amount of moves for children in care
- COA Standards, as well as CFSR, stress the importance of collaboration. Therefore, many circuits have developed foster parent newsletters and regular meetings which enhance foster parents skill level

In addition to the above influences, following the AFCARS review, Missouri is not counting the first placement if the child is in a hospital setting, which should reduce the placement numbers slightly.

Missouri's Outcome Measure 13a, was created prior to the first round of the CFSR to monitor children with two or fewer placements who have been in care 0-12 months. The following table illustrates progress.

Children's Division Child Welfare Outcomes Report, Outcome Measure 13a

Year	Children in FC 0-12 months	% with 2 or Fewer Placements
2004	7,751	77.20%
2005	7,454	77.18%
2006	7,099	79.80%
2007	6,500	80.71%
2008	6,201	80.79%
2009	6,153	83.05%

As the table shows, there is a steady increase since 2005 (higher percentage is better) for children with two or fewer placements. A change of practice is occurring on both ends of the spectrum according to internal data, that is, fewer children are entering care, and more children are experiencing fewer moves.

In addition, data from Outcome Measurement #13 shows the average number of placements a child experiences while in foster care has gone down in the last few years from 3.26 average moves in 2006 to 2.99 moves in 2009. Internal data is currently showing the fewest average

number of moves in 5 years.

Permanency Composite 4, Measure C4-1, two or fewer placement settings for children in care for less than 12 months has exceeded the 75th percentile since 2007. When looking at our first time entry cohort group (pg. 14, Data Profile), the number of children has increased each federal fiscal year (timeframe differs from the table above), while those experiencing one placement setting has increased. This data is supporting the practice changes mentioned above, including discouraging the use of emergency placements whenever possible, calling a family support team meeting quickly to determine the best possible solution for the family, and using relatives as placements whenever possible. These same practice changes have influenced practice overall and most likely affect Missouri's Measure C4-2 and C4-3, as scores are very high since 2007 for all three elements included in the data profile.

The recent six mock site reviews resulted in a strength score of 71% which is not quite as good as the composite data. Reasons for the slight discrepancy can be contributed in part to the OSRI question regarding –planned" placement changes. If the case documentation did not include plans describing the move or situation surrounding the move or had cases requiring moves for children to remedy an emergency situation, this would have resulted in a lower score.

6.3	**Enhance training with the placement stability philosophy for Family Support Team Meetings assisting to stabilize and support foster and relative care placements. Baseline to be established after training implementation in 2009**

Revisions were made in October 2008 and January 2009. The core Family-Centered Out-of-Home Care In-service has currently been on hold due to the budget and we have continued to tweak it during this time. In the interim, so staff would be getting some sort of training around foster care and adoption. The Legal Aspects trainer is providing the Legal Aspects FCOOHC & Adoption Training for supervisors who are then responsible to work with their staff on content and skills. This Legal Aspects course will be provided as a regular course offering in FY 11 for new front line staff who handles FCOOHC and adoption. This training will be in addition to our FCOOHC in-service which will also be provided in FY 11

The In-service FCOOHC Core Module was revised to better address Placement Stability. We address the following:
- The Federal and State statutes around permanency;
- Discussion of recent study on placement stability;
- Large group discussion regarding the impact of the actions of the worker on placement stability;
- Emphasis placed on the importance of planning regarding stability;
- Important tasks to be achieved by the worker to enhance stability;
- Discussion of Placement Stability in FST's and scheduling FST's specifically to deal with changes in placement;
- An emphasis placed on conducting FST's and the skills needed; critical thinking skills, engagement, preparing the family and youth, facilitation skills, conflict resolution, consensus building.

Future plans are to revise Class 3 of CWPT Basic along with the In-service FCOOHC and their

will be enhance content around placement stability in both curricula.

Objective #7: To decrease the length of time for a child to be reunified with their family through continued partnering with our courts through the Fostering Court Improvement Project.

7.1	**Continued partnership with Office of State Court Administration on the Fostering Court Improvement project**

See Fostering Court Improvement section in the Partnerships/Collaboration Section

7.2	**Monitor the Permanency timeframes captured of Justice Information System (JIS) and set baseline and improvement increments by mid-2010**

Included as an Attachment B, is a listing of some on the data collection examples to be considered for this objective. In addition, the timely permanency hearing information is provided below. Hearings impact the reunification as well as several other events.

In an effort to increase timely permanency hearings for child in foster care, beginning 2006, an initiative began statewide. As a result of this effort, the Missouri Supreme Court recognizes circuits performing well in meeting timely permanency hearings through an ―Excellence in *Service to Children and Families by Achieving Standards for Timely Hearings in Child Abuse and Neglect Cases‖* award. On September 30, 2009, Mary Sheffield, Chairperson of the Family Court Committee reported to Chief Justice Price out of a possible 37,691 mandatory hearings, 98% were held within their required timeframes.

7.3	**(Reduce Time in Foster Care [Entry to Reunification]) to monitor internal progress; currently on average (SFY04-08) CD staff reunified 69.09% of children within 12 months. Project an increase to 75% by 2014 70.13% for 2009.**

Objective #8: To increase the number of IV-E eligible guardianship subsidies

8.1	**Expansion of relative definition in policy / practice**

The Children‗s Division has drafted and submitted Administrative Rules surrounding the inclusion of Great Grandparents and Great Aunts/Uncles as qualified relatives able to receive Legal Guardianship Subsidy. Once the Rule has been put in place policy that has been drafted will be able to be implemented informing staff of the new qualified relatives eligible for subsidy. The CD Director has approved the policy and memo in addition to the Rule and everything is ready to move forward once the Rule is in place.

8.2	Determine total guardianship subsidies
FY 09 178 completed guardianships	
8.3	By 2014, 85% of new guardianships will be Title IV-E eligible as of January 2009
The Children's Division has initiated a process that will allow children achieving permanency through guardianship to be tracked for IV-E eligibility. New screens have been developed in FACES that will assist in the Eligibility specialists in determining whether or not the subsidy is Title IV-E eligible. The CD policy section has worked in collaboration with the ITSD unit to develop the necessary screens in FACES that workers will need to complete to satisfy federal requirements. A memo and policy have been drafted for workers and once approved will be able to be sent out. The CD has already sent a memo out to the field discussing the eligibility criteria for guardianship subsidy. CD09-121 – 3/31/09	
Objective #9: To improve caseworker visits with children in foster care	
9.1	Monitor frequency of visits
See Statewide Caseworker Visit plan for more information	
9.2	Meet the federal expectation of 80% and 90% by 2010 and 2011 respectively, for a once a month visit with all children in foster care
See Statewide Caseworker Visit plan for more information	

Prevention (Well Being and Service Array)
Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.

Objective #10: To promote safe environments through primary prevention in early childhood programs	
10.1	Home Visitation: **Assess the social emotional development levels of 100% of the children under the age of three using the Ages & Stages Questionnaires: Social Emotional at intervals of every 6 months. This is reported to the state agency quarterly**

The Ages & Stages Questionnaires: Social Emotional is a research-validated screening system that assesses children's personal-social functioning (self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people) at 6, 12, 18, 24, 30, 36, 48, and 60 months. It is completed by parents/caregivers in about 10-15 minutes and scored by professionals in about 1-3 minutes. The publisher, Brookes Publishing, claims a 94% reliability and validity between 75% and 89%. The Social Emotional Questionnaires are available in English and Spanish. In State fiscal year 2009, a total of 1,572 ASQ:SE's were administered under the Home Visitation program for the following age groups: 549 for children 0-12 months, 574 for children 13-24 months, and 449 for children 25-36 months of age.

10.2	Home Visitation: **Assess the developmental levels of 100% of the children under the age of 3 using the Ages & Stages Questionnaires at intervals of every 6 months until the child is 3 years of age. This is reported to the state agency quarterly**

The Ages & Stages Questionnaires (ASQ) are a parent-completed child-monitoring system that identifies children from one to 55 months of age with developmental delays. The questionnaire items are linked to developmental milestones, which helps teach parents about child development as they administer the tool. The questionnaire also reveals a child's strengths, as well as areas of concern, and is designed to allow for identification of expression language issues that may indicate autism. It takes approximately 2-3 minutes to administer each questionnaire. The questionnaires are available in English and Spanish. In State fiscal year 2009, a total of 1,934 ASQ's were administered under the Home Visitation program for the following age groups: 733 for children 0-12 months, 710 for children 13-24 months, and 491 for children 25-36 months of age.

When ASQ results were combined with ASQ:SE results, it was determined that in the 0-12 month age group, 886 test results were at the appropriate level; in the 13-24 month age group, 814 test results were at the appropriate level; in the 25-36 month age group, 596 test results were at the appropriate level. (It should be noted that for FY09 and FY10, the State did not track the results of the ASQ and ASQ:SE separately for appropriateness of level. However, this will be changed on the FY11 reporting form and will begin to be collected individually so that a more accurate level of reporting may be obtained.) As a result of the ASQ and ASQ:SE testing, referrals for further developmental assessment and testing in FY09 were made as follows: 13 for children 0-12 months, 53 for children 13-24 months, and 44 for children 25-36 months of age. The majority of referrals were made to First Steps, a program funded by the Missouri Department of Elementary and Secondary Education that is designed for children birth to age 3 who have delayed development or diagnosed conditions that are associated with developmental disabilities. Other typical referrals are for hearing, vision, or speech concerns.

10.3	Home Visitation: **A minimum of 95% of the children receiving services from the program are not a victim of substantiated child abuse and neglect**

Each contractor reports this on their quarterly report, identifying the child. Children's Division can compare children's DCN's against the Children's Division database to determine which children have experienced substantiated CA/N. This information will be available in the next annual report.

10.4	Home Visitation: **At least 95% of the parents receiving services demonstrate a reduced level of stress as measured by the Everyday Stressors Index when they leave the program**

Each contractor maintains the ESI's in the family files at their agency for comparison. These are checked during on-site monitoring and they report quarterly the number administered per quarter. Each item on the Index is ranked from 1 to 4, with 4 indicating the highest level of stress. The items listed on the Index basically cover the hierarchy of needs: shelter, food, money, safety, concern about family members, etc. The Index is not ―scored" *per* se, but it is expected that the stress levels lessen as a result of the family's participation in the program as documented by the initial and subsequent ESI's maintained in the family's file. During State FY09, a total of 1,680 ESI's were administered to parents participating in the Home Visitation program. Based on stressors identified by the parents, 487 referrals for services were made. Typical referral services included such things as food banks, clothing banks, Section 8, utility assistance, child care assistance, legal aide, domestic violence counseling and/or shelters, medical treatment, and mental health treatment. This list is by no means complete, as the needs of each family are unique. While the minimum requirement is that the ESI be administered once a year, most of the Home Visitation programs are administering the ESI at least twice a year, and some are administering it at least once a quarter, depending on the status of the family with which they are dealing. Many of these families are in crisis, and their levels of stress change dramatically over short periods of time.

10.5	**90% of the teenaged parents enrolled in the program will not become pregnant during their participation in the program**

Each contractor reports on a quarterly basis the number(s) and name(s) of the teen parent(s) enrolled in their program that becomes(s) pregnant. During State FY09 a total of 18 teen parents became pregnant with a subsequent pregnancy during their participation in the Home Visitation program. The total of teen parents enrolled in the program cannot be ascertained at this time as the birthdates are in a file and not available through electronic means. However, as of SFY 2010, this information will be available electronically.

10.6	**Completion of home safety checks at the family's enrollment in the program and every 6 months after using a standardized home safety checklist provided by the state agency**

Home safety checklists are completed by the home visitor/parent educator and maintained in

the family's file at the contracting agency, and these are reviewed by the State agency representative during on-site monitoring. Any noted deficiencies are corrected by the contracted agency through the provision of referrals to assisting agencies or the direct provision of supplies and equipment, such as fire extinguishers, cabinet locks, electrical socket plugs, toilet locks, smoke detectors, etc

10.7	Educare: **Sign out logs for "family bags" based on the Strengthening Families 5 protective factors distributed by Educare to child care facilities for parents to check out for use**

Currently Missouri does not collect information on the distribution of these items as this is not a requirement within the contract. Each contractor handles distribution differently and has varying tracking systems. Some providers distribute these to the child care and early learning programs for families and some contractors incorporate these into their lending library for check out.

10.8	Early Head Start: **Parent involvement/volunteer information sheets**

Volunteerism is documented for in-kind purposes (per federal requirements programs have a 20% match requirement) and is tracked per agency policy. We would have to request any trend data from the individual agencies. This would also be tracked through the Performance Information Report (PIR) as volunteer hours. We are unsure as to whether or not the reasons for increases/decreases would be available.

10.9	Early Head Start: **Missouri Early Head Start outcomes report**

Data has just begun, SFY 10, on Missouri Early Head Start program electronically. Trends can be identified in next year's annual report.

Objective #11: Provide a positive support system for families through the use of Crisis Nurseries and Teen Crisis Care contracts

11.1	**Measure effectiveness through the Parental Stress Assessment and follow up phone calls**

The Parental Stress Assessment is completed at the facility at the time that the child is leaving. The assessment only consists of 2 questions, one asking them to rate their level of stress at the time they dropped off the child and the other asking them to rate their level of stress at the time they are picking up. The quarterly report captures information regarding if parental stress

decreased and follow-up information in the areas of telephone, home visit, office visit, attempted, and other.

Teen Crisis Care
During the first 3 quarters of FY 10 there were 356 children served. There were 59% females served over 41% being male of that ages 15 and 16 were the highest percentages and African Americans made up 65% of the Ethnic groups served with 31% being Caucasian. The highest percentage regarding the reason for coming into care was Conflict with Parent/Guardian at 50% followed by Overwhelming Parental Stress at 24%. There was approximately 48% turned away due to ineligibility followed by 26% turned away due to capacity. The main follow-up to a stay at Crisis Care was telephone contact at 67% followed by an office visit at 16%. Overall Parental Stress was decreased by 20%.

Nursery Crisis Care
During the first 3 quarters of FY 10 there were 1858 children served. There were 53% male and 47% female served. With the highest percentage occurring for child ages 2-3; 25% from children in the age group 0-1; and 22% from children in the age group of 4-5. Of the 1858 children served, 19% were African American and 26% being Caucasian. 60% were Voluntary Self Referrals with Overwhelming Parental Stress being the number one reason for admission with 51%; followed by Hospitalization of Parent/Guardian at 14%; Domestic Violence at 13% and homelessness or unsafe housing at 12%. 96% of the children were turned away due to capacity. Home visits follow-ups were completed in 21% of the cases followed by 16% attempted follow ups. 36% of the children were served for less than 12 hours and Parental Stress was decreased by 87%.

Objective #12: Increase the involvement of fathers in all programs

12.1	**Create a charter to govern membership and purpose**
12.2	**Develop a strategic plan to guide collaborative work**

Due to a recent re-grouping of the Fatherhood Initiative, their focus is now serving as a workgroup. This workgroup is finding areas where they can improve Father Engagement in the child welfare system. Their first task was to add language in the Child Welfare Manual to include all parents in the case planning, visits, and beyond. Therefore, no charter will be completed nor a strategic plan built to guide collaborative work.

Permanency   Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.

Objective #13: To reduce the number of re-entries into foster care

13.1	**90% of families receiving Intensive Family Reunification Services must successfully reunify children with their families**

The data, pulled in November of 2009, shows 67% of the children remain with the family that the IFRS specialist worked with at the end of intervention.

13.2	**75% of families receiving Intensive Family Reunification Services must remain intact within the 12 months following intervention**

At 3 months following the FRS intervention, 61% of the children remained in the home. Because the system is new, we do not have the ability to know 12 month data. In the next annual update, we will have more data.

13.3	**Continue an improvement trend evidenced through Outcome Measurement #14 (Reduce Re-entry into Foster Care). From 2004-2008, the Children's Division has averaged 9.27% of children re-entering care. The goal will be set at 8.6% or less to be achieved by 2014 8.32% for 2009, however, there are discrepancies with AFCARS.**

The Division has continued to improve each year since 2004 with regard to the number of children who re-enter foster care after being sent home on a trial home visit. In 2004, 25.7% of children who returned home on a trial home visit re-entered care within 6 months of returning home. In 2009, 13.9% of children who returned home on a trial home visit re-entered care.

Internal data on re-entry into foster care has shown improvements since 2005. However, there is a discrepancy between internal re-entry counts and the data profile derived from AFCARS submission. Internal re-entry data is based on a calendar year while the data profile is based on a federal year and might account for some discrepancy. In addition, internal data only count children classified in the care and custody of the Division while the AFCARS submission includes children in temporary custody with their adoptive parents which again may account for some discrepancy. To gain better perspective, Missouri requested a numerator and denominator counts from the Children's Bureau for state data profile results for 2007 and 2008. From this information, it was determined there were 8 circuits performing over the 25th percentile and 3 more were borderline high for both 2007 and 2008. The Division plans to determine if there are any similarities in the case data for these 11 circuits. To add to the discrepancy, during the six mock site reviews, Item 5 resulted in a score of 94%, which is a strength. As shown in table 8, wide variances exist from varying data sources. Missouri will need to explore data pertaining to re-entries more extensively. It is strongly possible that AFCARS mapping issues are related, which will be included as part of the Division's exploration of this issue.

Year	Fed Re-entry Rate	State Measure #14, Re-entry Rate	Fed # of Re-entries	State Measure #14; # of Re-entries	Fed # of Exits	State # of Exits, Measure #9
2004	N/A	8.88%	N/A	1,531	N/A	6,933
2005	N/A	10.38%	N/A	1,452	N/A	6,655
2006	9.7%	9.44%	N/A	1,299	N/A	6,729
2007	7.9%	8.62%	308	1,201	3,876	6,136
2008	11.4%	8.51%	345	1,030	3,026	5,651
2009	15.0%	8.26%	N/A	1,105	N/A	5,533

Objective #14: To increase number of adoptions through the use of the Adoption Exchange and Adopt US Kids websites and other adoptive activities

14.1	**Expand utilization for 75% of children with a goal of adoption, with presentation through Adoption Exchange, Adopt USKids, and the Heart Gallery**

Currently Missouri has approximately 1400 children with a goal of adoption with 19% of these children have been presented through Adoption Exchange, AdoptUSKids and the Heart Gallery. This is a 13% increase from last year's total.

14.2	**To increase the number percentage of children reaching adoption status within 24 months of coming in care. From 2004-2008, the Children's Division currently, on average, 40% of children adopted within 24 months. The goal will be set at 45% for an average of the next five years**

Achievement of timely adoption is an area of strength for Missouri as we have surpassed the composite benchmark. The CFSR profile provides the following data:
- Measure C2-1, exits to adoption in less than 24 months, the 75th percentile is 36.4%, 40.5%, 40.8% in 2007, 2008 and 2009 respectively. Data from internal reports provide us with 41.05%, 39%, 43.62% for SFY 2007, 2008 and 2009 respectively. At the time of the first CFSR, Missouri missed the benchmark by one half a percent, the benchmark was 32% and Missouri's score was 31.5%. As the data shows, Missouri has improved moving children to adoption in less than 24 months of the time the child was placed into care.
- Measure C2-2, exits to adoption, median length of stay has improved from 2007 of 28.9 months to 2009 of 26.7 months. The 25th percentile of 27.3 months or lower was only met in 2009.
- Measure C2-3, children in care 17 plus months, adopted by the end of the year. Missouri scores from 2007 to 2009 had improved from 13.9% to 18.7% but did not meet the 75th percentile of 22.7%.
- Measure C2-4, children in care 17 plus months achieving legal freedom within 6 months, has well exceeded the 75th percentile from 2007 to 2009.

- Measure C2-5, children legally fee and adopted in less than 12 months, Missouri has exceeded the 75th percentile of 53.7%. However, in 2008, Missouri fell below the national median of 45.8% with 45.1%.

When scoring appropriateness and timeliness of adoption, a recent mock six site review results found 77% of the cases reviewed scored a strength.

Missouri tracks the children by race who are adopted within 24 months, and the number fluctuates from year to year and data show no particular race trending in any one direction, that is no one race, on average, achieves adoption faster than another.

Using the Heart Gallery as a recruitment tool, the number of children featured has risen from 93 in 2006 to 248 in 2009. The number of children reported to have an adoptive family in progress from 2006 to 2009 are 27, 81, 61, and 63 respectively.

Table 12 below shows the average time to decreasing from 2004 to 2009 from 34 months to 32 months and those completed within 24 months have, on average, remained around 36%.

Table 12: Child Welfare Outcome Report, Measure # 9C and Measure #11

Year	Completed Adoptions	Completed w/in 24 months	Average time in care until completed AD
2004	1337	34%	34 months
2005	1251	37%	32 months
2006	1283	38%	32 months
2007	1067	35%	33 months
2008	1137	36%	33 months
2009	1078	36%	32 months

Professionalism (Training and Staff Development) Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

Objective #15: To maintain accreditation standards

15.1	**Re-accreditation process will begin in March 2010 and be complete by 2014**

Maintaining Accreditation
According to Section 210.113 RSMo (HB 1453), it is the intent and goal of the General Assembly to have the Department (Children's Division) attain accreditation by the Council on Accreditation (COA) within five years (FY05-FY09) of the effective date of this section (i.e. by August 28, 2009). To achieve accreditation, Missouri's child welfare system was reviewed and measured against over 800 nationally-recognized standards of best practice.

The Children's Division is organized within the state's 45 judicial circuits. While all circuits

simultaneously aimed to meet standards of best practice, accreditation was achieved circuit by circuit over five years. On November 13, 2009, Missouri's child welfare system, as a whole, was deemed to be a COA-accredited agency for a four-year period. The reaccreditation cycle will officially begin in December of 2013.

To maintain accreditation, the Children's Division must continue to embrace and promote a culture of change and commit to excellence within a system built around a philosophy and management technique of continuous quality improvement.

During the period of time between accreditation cycles, Children's Division staff will be engaged in numerous activities to help ensure the Division's accreditation status is maintained, that improvement efforts are documented and monitored, and that COA reporting requirements are met.

15.2	**Quarterly maintenance visits by QI Specialists**

The Accreditation Maintenance Plan
Accreditation Maintenance Plans were put into effect in each circuit upon notification of the circuit's accreditation approval. Seven regionally-based Quality Improvement (QI) Specialists conduct quarterly accreditation maintenance visits to all COA-approved circuits in their regions. As part of the Accreditation Maintenance Plan, QI Specialists regularly review the quality and content of case records, resource files, and personnel records. Additionally, they help ensure circuits are following policies, procedures, and practices required to maintain accreditation standards. Items assessed include:

- Continuous Quality Improvement (CQI) processes including stakeholder involvement
- Facilities and whether regular inspections are occurring
- Circuit emergency plans
- COA-related trainings for staff and foster and kinship care providers
- Caseload sizes
- Supervisor to worker ratios

The Plan of Change Form
The Plan of Change (POC) Form was introduced on September 24, 2009. The POC serves as an accountability tool for staff members whom, by virtue of their job descriptions or their responsibilities as supervisors, have cause to review practices and processes required by Children's Division policy and/or standards established by the Council on Accreditation (COA). Quality Improvement Specialists use this tool, as necessary, to document improvement efforts and to help ensure accreditation standards are maintained.

15.3	**Periodic case reads**

Annual Maintenance of Accreditation Report (MOA)
COA requires all accredited organizations to complete annual Maintenance of Accreditation (MOA) reports. The annual MOA Report demonstrates an organization's commitment to the pursuit of organizational excellence and quality service delivery for persons served and affirms the organization's ongoing implementation of performance per COA's standards. The

Children's Division will be required to select one quality/performance improvement opportunity it has undertaken in either the last fiscal or calendar year for the MOA Report. Through this process, COA and the Children's Division are able to evaluate the organization's continuous quality/performance improvement activities.

15.4	State Self Study completed in 2010

The Agency Self Study
The Children's Division will begin preparing its Agency Self Study in January, 2011, with the goal of completing and submitting it to COA in April, 2012. The multi-volume Self Study will consist of the Division's up-to-date documentary evidence that the Division is in compliance with the most current COA standards.

Accreditation standards address the Division's policies, procedures, programs, and practices as they relate to all aspects of the organization.

COA's administrative and management standards encompass administration and management; Performance and Quality Improvement; ethical practice; financial management, human resources management; and risk prevention management.

COA's administrative service delivery standards promote safety, stability, permanency, and well-being of children, and they encompass: screenings; assessments; service planning and monitoring; child placement; development and maintenance of connections; services for parents, children, and youth (including support for educational activities); physical and mental health care; worker contact and monitoring; transition to independent living; case closing; aftercare and follow-up; recruitment and retention of foster families; home studies; and respite care.

Objective #16: Support supervisors through a Learning Lab structure

16.1	Learning Labs will be in place December, 2009 with at least 25 supervisors participating in the seven regions

Delivery of the Learning Labs (LL) began in March SFY10 and since then, each region has successfully completed the first round of LL for all front line supervisors as of this date. The first LL was entitled ―Framework for Safety" and was provided to all regions as part of a statewide effort to strengthen supervisors understanding of the concepts and approach that will become part of policy and practice.

Following the initial safety training sessions, upcoming sessions and content will be identified by the regional advisory committees and developed and delivered by Family Facets to meet the specific, individual needs of each region during SFY11 and thereafter.

16.2	Supervisors will report an increase in job satisfaction and effectiveness due to

	information sharing and advanced learning. The baseline will come from an external evaluation

Due to budget cuts, an external evaluation originally planned for the Learning Lab process will not be completed. However, there is data collection occurring through the contractor in the form of an annual evaluation report.

16.3	**Workers will report an increase in support through the Survey of Organizational Excellence supervisor effectiveness element (2008 data baseline 302) and team effectiveness data (2008 data baseline 303)**

Since 2002, each May, every employee in the Division had opportunity to complete a survey regarding working conditions and job satisfaction. The survey was not administered in 2009 as the Department streamlined the survey for all divisions within the Department of Social Services resulting in a missed year. The results are shared with staff throughout the organization and used to assist management in making changes to improve the organization. Therefore the supervisor's data for the first annual update will not be available until late summer of 2009.

Objective #17: To continue the Supervision Advisory Committee

17.1	**Measure continued progress through the strategic plan**
17.2	**Increased growth in the Survey of Organizational Excellence scores, specifically with the Work Group Domain for elements of Supervisor Effectiveness, Fairness, Team Effectiveness and Diversity**
17.3	**Quarterly Meetings will continue.**

The Supervision Advisory Committee met on August 5-6, 2009, November 19, 2009, February 10, 2010 and May 12, 2010. They are planning to meet August 19-20 and November 10, 2010. Each action step of the strategic plan was discussed at each meeting and updates posted directly onto the plan electronically. In addition, any issues or recommendations were presented to the Division Director or designee for consideration. As a follow-up measure, these recommendations are put in writing and responded to in the same manner. The agenda, minutes of the meetings, and recommendations are posted after each meeting on the intranet to inform all supervisors of progress. The current version of the strategic plan is attached (Attachment A) and those action steps considered to be complete are grayed out. Any action step may be re-visited if the committee deems this necessary.

Since 2002, each May, every employee in the Division had opportunity to complete a survey regarding working conditions and job satisfaction. The survey was not administered in 2009 as the Department streamlined the survey for all divisions within the Department of Social Services

resulting in a missed year. Staff completed the survey (renamed the Survey of Employee Engagement) on April 19, 2010 – May 7, 2010. The results will be shared with staff throughout the organization and used to assist management in making changes to improve the organization. Therefore the supervisor's data for the first annual update will not be available until approximately late summer of 2010 after the results are compiled.

Program Supports

A. Caseworker Visit Funding

Missouri's caseworker funding was spent in several areas. The first area was a small "Mobility" project with frontline staff to determine if current technology could make case management work more efficient without compromising quality. The "Mobility" concept was to provide laptops and PC internet cards to the field where input directly into the FACES system could be completed from anywhere. If the project proves successful, there will be an ultimate cost savings to the state by reducing the overtime, mileage, and increase timely worker visits with children. The cost of the internet cards were $42,779 and the purchase cost for 101 laptops was $79,206.22.

The project is being evaluated through a pre and post survey completed by staff to determine the usefulness of this technology. In addition, there was a control group established for comparative purposes. This evaluation will look at the timeliness of case work, the mileage costs and the overtime costs. Results are forthcoming.

In addition, the funding was used for the 360° evaluation. A 360 evaluation can and does take many forms in both the public and private sector and is variously referred to as multi-source or multi-rater assessment. In its simplest form it is designed to provide a full-circle overview of a person's performance on the job by soliciting feedback from superiors, peers, direct reports and self on behaviors that are specific to the job assignment. The intent is to allow each individual to understand how his/her effectiveness as a subordinate, co-worker or superior is viewed by others in the organization who have the most immediate daily interaction with the person. The data generated from this process are unique to the individuals and are their confidential property. They are not used for organizational personnel assessment purposes.

Multi-source feedback has been extensively researched and is generally accepted as both more credible and more motivating to the participants than traditional single rater model. This form of assessment can make a powerful impact on an individual's professional growth and overall organizational effectiveness. It provides well-rounded feedback from a number of sources, increasing the validity and reliability of performance judgments. It promotes teamwork by helping members understand how they are perceived by peers and assists in making members more accountable to one another because of shared input into each other's performance. The feedback received is a crucial way of understanding each employee's unique developmental needs by providing information on what he/she needs to do to enhance career.

For this latter reason it is absolutely essential that the 360 evaluation be paired with structured professional feedback and assists the employee in formulating an Individual Development Plan. This IDP is an annual exercise, in which the employee, with guidance of a consultant, carefully reviews the feedback, evaluates those data within the context of the work environment, establishes behavioral goals and steps to be taken to enhance professional performance. The IDP is usually shared with the employee's immediate supervisor and, when agreed upon, becomes a blueprint for professional development during the coming period. As part of the next 360 experience, the IDP is reviewed with the consultant and progress assessed.

The 360 project was research and planned for potential implementation through a contractual process and the total dollars spent was $106,092; however, incorporating this project statewide became cost prohibitive as the total cost was well over $130,000 each year for one-half of the

state to be evaluated bi-annually. This project's purpose was to build a more professional staff and increase job satisfaction.

In addition to the mobility project and the 360 project, the worker visit monies were used to support clinical supervisor training for new hires during SFY 09. The cost was approximately $12,000 with cost curtailed by regionalizing the training and using available conference room throughout the state.

B. Technical Assistance Information

Technical Assistance for Missouri occurs in two manners, internal and external. From the Central Office level, our field staff receives support and technical assistance from program development specialists, management analysis specialists, unit managers, etc. on specific program issues. If there are issues for policy interpretation, a process is in place for policy clarifications. The clarifications are sent to all staff and posted on the intranet for continual assistance. But, individual circuits may request technical assistance for a number of specific reasons. This technical assistance process is explained in the CFSP progress section 2005-2009 under the Practice Enhancement Teams / Technical Assistance.

Missouri has received technical assistance from the National Resource Centers from request through our Region VII ACF office. On June 15th, following the completion of our CFSR, a call was held as preliminary steps in procuring technical assistance to improve practice and assist in crafting our Program Improvement Plan.

See Child Abuse and Neglect Investigation and Assessment in the Protection Section for more internal technical assistance discussion.

C. Research and Evaluation

The Children's Division permits research and release of data involving persons served. In doing so, however, the Division exhibits due regard for study subjects' participation rights with emphasis in areas of privacy and confidentiality. All research and release of data involving persons served is conducted in accordance with applicable legal requirements.

The Research Committee of the Children's Division (CD) was established in 2005 in order to meet standards established by the Council on Accreditation (COA). As part of its Risk Prevention and Management, COA requires that management conducts an internal assessment of overall risk at least annually that includes research involving program participants and other clients' rights issues.

Persons requesting to do research are required to complete and submit an *Application to Conduct Research* to the CD Research Committee. Research applicants must fully explain the purpose, methodology, and expected benefits and risks of their studies, and they must provide copies of their HIPAA-compliant consent forms. Additionally, they must describe the specific data they are requesting and explain why the identifying information is essential to their research, and they must provide a detailed plan outlining how they will maintain confidentiality of the identifying information used in their research. The Research Committee is responsible for evaluating all research proposals to ensure research plans are in compliance with Missouri statutes and with policies and procedures set forth by the Children's Division.

Current Research Initiatives (note: omitted numbers are completed projects per the five year plan):

1. Missouri Institute of Mental Health: Youth in Transitions: Saint Louis System of Care

Youth in Transitions: Saint Louis System of Care is a longitudinal federally funded initiative to ensure that children and youth with severe emotional disturbance (SED) who are served within the St. Louis child welfare system receive needed mental health support through critical transitions into and out of the child welfare system thereby growing into successfully functioning adults. The study will explore the relationship between service use and outcomes by linking the services and costs data with outcome data collected through national evaluation on youth who are enrolled in Youth in Transitions: St. Louis System of Care. As part of the project's requirements, data is collected from the Children's Division on all youth participants. A Memorandum of Agreement was enacted between the Children's Division and the Missouri Institute of Mental Health to complete this study.

3. Research Triangle Institute: National Survey of Child and Adolescent Well-Being (NASCAW) II

The National Survey of Child and Adolescent Well-Being (NSCAW) is a national longitudinal study of children and families in contact with child welfare and will relate child and family well-being to family characteristics, experience with the child welfare system, community environment, and other factors. The study examines the interplay among the history and characteristics of children and families, their experiences with the child welfare system, other concurrent life experiences, and outcomes. It brings to bear perspectives from child welfare, child development, and other fields to focus on children's well-being, including their health and physical well-being, social functioning, academic achievement, mental health, and behavioral adjustment. It relates these to developmental stage, prior experience, caregiver behavior, social services, and community environment.

NSCAW I was the first study to make available nationally representative longitudinal data drawn from first-hand reports from children, parents, and other caregivers, as well as reports from caseworkers and teachers and data from administrative records. It also was the first national study to examine child and family well-being outcomes in detail and to relate those outcomes to family characteristics, experiences with the child welfare system, community environment, and other factors.

This additional study (NSCAW II) will address crucial program, practice, and policy issues regarding the dynamics of the child welfare system and outcomes for children and families, and compare the findings between NSCAWs I and II.

By participating in NSCAW, states and agencies, including the Missouri Children's Division, have contributed to this major national effort to strengthen child welfare policies, programs, and services to children and families.

4. Dave Thomas Foundation for Adoption, Child Trends: Evaluation of Wendy's Wonderful Kids adoption program

This impact and process evaluation utilizes child-focused recruitment strategies exclusively for a designated caseload of children awaiting adoption. The evaluation will document if, how, and when the Wendy's Wonderful Kids model can improve the permanency of children in foster care

(in particular, adoption versus aging out or long-term foster care), and to provide information to help guide ongoing program planning; specifically: to track progress and outcomes, to identify barriers and promising practices, and to assess program impacts.

This program may lead to the permanent placement of children and youth in adoptive families. Benefits of the program include increased likelihood of adoption, decreased wait time until adoption, increased stability of adoptive and other placements, and improved child well-being, greater worker satisfaction, and more positive views of adoption in the child welfare agency and the public. Youth may also feel an increased sense of satisfaction and empowerment through the role they plan in their own behalf. This program may help reconnect children and youth with family and kin, which could be the basis for life-long, supportive relationships.

8. Washington University in St. Louis: Early Childhood Connections (ECC)

Early Childhood Connections (ECC) is a novel service delivery model responsive to the ―Innovative Services Research" objective. Using a randomized design, this developmental study tests ECC's ability to prevent recurrent maltreatment, prevent or ameliorate maternal depression and stress in families with young children served by child welfare, in addition to preventing child development delay and later mental health disorders. To meet the needs of child welfare families, ECC is modifying existing services through coordination, collaboration and co-location by conducting a joint home visit with the family by ECC and Children's Division workers. The target population is families with children under the age of three years with newly opened in-home family-centered service cases. This study will assess implementation of ECC. The benefits of this study include elimination of barriers to accessing in-home parenting services by ECC Parents as Teachers, which will improve child well-being outcomes.

9. University of Missouri – Missouri Institute of Mental Health, Diligent Recruitment

The purpose of this project is to improve permanency outcomes for children (10-18 years old) who are wards of the State of Missouri for 15 months or more and reside in St. Louis City, St. Louis County, St. Charles County, and Jefferson County by providing diligent recruitment services, education, and training. During Phase 1 (Project year 01), project services and evaluation methods will be finalized.   Phase II (Project Years 02-05) will consist of program and evaluation implementation. The study is designed to improve the lives of hard to place/adopt children.

10. University of Georgia; University of Missouri, Healthy Relationship and Marriage Education Training

The goal of the Healthy Relationship and Marriage Education Training Project is to meet the safety, permanency, and well-being needs of vulnerable children and reduce racial disproportionality in the child welfare system. This project is funded in part by two federal Healthy Marriage grants.

Information will be gathered from current child welfare workers and administration as well as social work undergraduate and graduate students at universities in at least two states which will provide insight into the current attitude of the child welfare workforce and future workforce on the role of marriage and relationship education in their work with vulnerable children and families. The survey responses will help ensure that the curriculum that is developed is as strong as possible and as receptive to the workforce needs as possible. The dissemination of research-based health relationship and marriage education curriculum can yield results

including healthy marriage, family, and parent-child relationships, improved father involvement, significant reductions in risk factors, reduced racial disproportionality in the child welfare system, and most notably, improved safety, permanency, and well-being of children being served by the children welfare system.

Workgroup for Racial Equity in Child Welfare
A workgroup developed to address disproportionality of African-American children in the child welfare system is ongoing. The workgroup has reviewed data that verifies that disproportionality is occurring in Missouri and is looking for ways to reduce it. Steps include looking at the agency's:

- Mission Statement
- Organizational Structure
- Clients Served
- Personnel
- Programs/Policy

The group reviews each area to ensure that institutionalized racism is not affecting outcomes with children of color and that all families have equal access to services.

D. Tribal Coordination

See Partnership Section

E. Health Care Services

See Healthy Care Services Plan for Children and Youth in the Practice Section

F. Disaster Planning

The Children's Division is an active participant with the State Emergency Management Agency and crafted individualized emergency plans for specific purpose. All these plans are attached.
Attachment C,   The Children's Division Emergency Plan
Attachment D,   Emergency Plan for CA/N investigations during a disaster
Attachment E,   Emergency Plan for addressing the needs and services of Foster Care children during a disaster

See Objective #5 of the five year plan for updates.

G. Foster and Adoptive Recruitment

The Children's Division of the Missouri Department of Social Services is receiving the Adoption Opportunities Grant, a five year grant, proposing *Extreme Recruitment*, an innovative diligent recruitment program that will improve permanency outcomes for children in custody in St. Louis and surrounding counties. *Extreme Recruitment* is an intensive, 12-20 week, individualized recruitment effort whose strategies include preparing the child for permanency; conducting diligent searches to reconnect them with kin; and achieving permanency through general, targeted and/or child-specific recruitment and wraparound services. The program will serve 150 youth during the grant, ensuring a system of supportive adults for at least 90% of youth, and achieving permanency through adoption or guardianship for at least 70% of youth.
Extreme Recruitment will be a model demonstration program because:

1) It works with both Missouri's privatized and public child care systems, making it applicable and replicable in most other areas and systems;
2) It utilizes innovative methods (Internet searches, the use of a private investigator) to locate up to 40 possible adult resources (kinship, foster, concurrent and adoptive families) for every child in care;
3) It offers tailored pre-service training information for adult resources to help them better understand and prepare for the specific child/youth groups (teens, siblings, behavioral issues) for which they are recruited; and
4) It provides stronger wraparound retention supports for the family to help assure permanency and electronic supports for the community and the families in ways that have not been done before.

At this time, there has been no baseline data released for this grant.

H. Monthly Caseworker Visits

In September of 2008, the state began utilizing a management report to track worker visits with children. Supervisors can pull up a county or circuit report and know each of their worker's performance visiting with children. In addition to reports obtained at the county and regional levels, there is also a statewide visit report. From September of 2008 to September of 2009, the agency went from meeting 59% completion rate of required number of visits with children to 88% of the required number of visits with children. This improvement is a result of data entry accuracy and the agency focus on visiting with children. The Division Director requested strategic plans from each region to improve worker/child visits. Each region posted their strategies on the agency's intranet.

In the federal worker visit report Missouri's baseline was established in FY07 with 56% of children visited at least once a month with 93% of those visits held in their placement. In FY08, the initial submission to ACF reported 47% of children were seen once a month with 91% of those visits held in their placement. On October 20, 2009, FY08 data was resubmitted resulting in a slight increase with 48% of children seen once per month with 93% of those children visited in the child's placement. In FY09, 76% were visited at least once a month with 96% of those visits held in their placement.

Statewide Plan to Improve Caseworker Visits with Children:

Goal 1: Improve frequency of worker visits with children in foster care.
Strategies:
1. Clarify policy related to frequency of worker visits with children in foster care
    - Issue Practice Point covering frequency
    - Send clarification to contractors
2. Train on Frequency of worker visits with children in foster care
    - Contractor Training
    - Post Practice Point online – self training
3. Monitor Frequency of worker visits with children in foster care
    - Develop state worker visits with child report
    - Refresh report on 10th and last day of month
    - Develop state report reference sheet
    - Develop Federal Worker Visit Report
    - Report Monthly frequency by region at Executive Team Meetings
    - QA public and private staff to monitor ongoing basis

- Use the quarterly CQI In Focus newsletter to highlight progress with worker visits
4. Regional plans to improve frequency of worker visits with children in foster care developed, implemented and monitored
   - Regional Plans developed
   - Post regional plans on individual sites on intranet
   - QA Monitor Regional plans

Goal 2: Increase the number of visits occurring in the child's placement.
Strategies:
1. Clarify policy expectations of what needs to happen during a worker/child visit in placement
   - Develop practice point to include information on why it is important to meet with children in their placements
2. Clarify documentation and data entry of worker visits with child in placement
   - Develop Power Point training on data entry of worker visits in placement and post online – connect to practice point
3. Train expectations on worker visits with children in placement
   - Train Contractors
   - Post Practice Point
4. Regional Directors develop plan regarding visit expectations in placement
   - Regional Directors develop plan
   - QA Monitor Regional plans

Goal 3: Increase the quality of worker visits with children.
Strategies:
1. Clarify policy expectations related to quality of visits
   - Develop intranet site from front page with all information about worker visits in one spot
   - Post tip sheet or best ideas" on intranet
   - Address quality in practice point
   - Develop laminated prompt cards
   - Continually tying the importance of worker visits to permanency

Goal 4: Improve data entry of worker visits with children.
Strategies:
1. Modify FACES as needed to better capture actual contact and the quality of contact.
   - Team meeting held to develop screens
   - System Change Requests submitted
2. Increase Mobility for Field Staff
   - Develop project plan
   - Pre-post surveys
   - Monitor Outcomes

Regional Plans:

Jackson County:
- Casemanagers will schedule visits early in month to leave opportunity to make up cancelled visits prior to month end.
- Casemanager calendars will be reviewed during supervisor case conferences.
- Supervisors will assure worker calendars allow time for data entry of visits.

- Casemanagers, Supervisors, Upper Management and QA staff will utilize the FACES visit form to monitor visit performance.
- Local QA unit (Jackson County) will do random sample case reviews, including FCCM cases.
- Worker visit performance will be discussed during monthly Team Management meetings.
- Worker visit performance will be discussed at supervisor meetings at least semi-annually.
- Guidelines for data entry of worker visits will be distributed to all staff.
- A "Cheat Sheet" for data entry of worker visits will be developed.
- Supervisors and Office Program Managers in Jackson County will submit monthly management reports to the Regional Director.
- Any casemanager having less than 90% completion rate will have an informal plan enacted.
- FCCM Oversight Specialists will monitor FACES to ensure visits for children assigned to contracted agencies are being completed.
- Resource Parents will be informed regarding the importance of caseworker visits in their homes via the Joining Hands Newsletter in Jackson County.
- A county wide meeting in Jackson County will be held with all staff to review results of the time-study and to discuss priority setting for worker time management.

Northern Region:
- The topic of visits is on every meeting agenda at all levels including unit meetings, "all staff" meetings, sub-Region management meetings, management meetings with Field Support Managers and Regional Director and CQI. Best practices are shared through these venues.
- Field Support Managers and Regional Director are reviewing the managed report on visits each month. Field Support Managers review this report with Circuit Managers each month.
- In weekly conferences, Supervisors review worker case management reports and discuss progress on visits including the content of visits. Individualized plans are developed to assure visits occur and are documented.
- Each Circuit Manager and supervisor was given a tool in early 2008 to use to track visits. The tool was not mandated but the instruction was to use the tool provided or to use one that captured the required elements. Each circuit has a tool and the Field Support Managers review the progress at their monthly conferences with the Circuit Manager.
- Each Circuit has developed a local plan to address and maintain performance in meeting the worker visit with child standard of excellence.
- March of 2008, all specialists in the Region were provided with a power point presentation on worker visits and this presentation has been made available to all circuits.
- Supervisors have developed processes that assist the worker in assuring that visits are scheduled per policy. Some examples of these processes are:
  1. An expectation that visits occur the 1st and 3rd week of each month
  2. Supervisors review worker's calendar at each weekly conference
  3. A chart listing each child is posted in the supervisor's office and workers mark when the visit has occurred
  4. Case managers email service workers at the beginning of each month to ask when visits are scheduled
- Instruction has been given to Circuit Managers on protocol if the visits required by service workers are not occurring per policy (supervisor to supervisor contact, Circuit Manager to Circuit Manager, Regional Director to Regional Director).
- COA maintenance "reads" focus on worker visits and the quality of the visits.
- Many Circuit Managers are randomly selecting at least five cases each month to review the entry of worker visit information as well as to review the quality of the contact.

Southern Region:
- Discuss information regarding worker child visits with all staff at every quarterly Circuit/Program Manager Meeting in the Southern Region.
- Discussion will include the importance of the quality of worker/child visits, the importance of relationships with children (even with very young children) and the ability to help plan with FST members based on these relationships.
- Supervisors will review CD Visitation forms and check FACES entries for compliance during weekly supervisory consultations (Worker Compliance Tracking).
- Circuit/Program Managers will monitor reports founds on FACES, PRR, SCRT's to assess for compliance.
- Implementation of Supervisory Consultation Visit Log.
- Additional FACES training for staff where available.
- At "all staff" Circuit Meetings, at Supervisory Unit Meetings and Circuit/Program Manager's Meetings, at Regional Staff Meetings, during individual conferences with staff at all levels, emphasize with the staff the relationship between visits and successful outcomes for children.
- Children's Services Specialists to provide ongoing training to Supervisors and CSWs
- Provide Examples to new staff of what to discuss with children during worker/child visit (contact listing for each county to assign service worker).
- Develop a system for the Southern Region to assure transfer requests between Circuits are handled in a timely manner.
- Utilize the results from the Southern Region Worker Time Study completed in November 2008 to create a "Reduction of Administrative Activities and Paperwork" workgroup
- Education of Resource Parents on importance of worker/child visits and how to be supportive of these visits occurring.
- Encourage Southern Region staff to continue to make progress through e-mailing, speaking at unit meetings and one-on-one conferencing.

St. Louis City
- St. Louis City All Sups and Specialists meetings are being used as a Leadership and Practice Improvement Academy. At each meeting the staff chose a practice issue to focus upon for the next four to six weeks. During the month of February and the month of March, improving the percentage of visitation with foster youth has been the identified practice improvement strategy for the FCOOHC program area.
- All supervisors and program managers are expected to use the managed reporting for monitoring visitation. Each supervisor was expected to establish a baseline for their group and with each worker in order to evaluate progress.
- A local tracking tool was being used prior to the managed reporting coming on line. Managers are no longer expected to use the local tracking tool but are welcome to use it if it is helpful for the supervisors and the program managers.
- Program Managers are expected to monitor visitation outcomes for each of their supervisory groups. A reporting out at the Management meeting (the second one of the month) will be an expectation. Individual conferences will also focus upon the improvement/lack of the visitation outcomes.
- All case managers are expected to use a calendar to frontload their visits with foster youth each month. Supervisors are expected to use the calendars to monitor and assure that visits are occurring. Frontloading the visitations during the first two weeks of the month should allow for all visits to occur before the end of each month.
- Visitation outcomes will be a topic of discussion at each of the All Sups/Specialists meetings—held once a month.

- A number of supervisors have imposed the first two hours of each morning as "quiet" time where staff should be inputting information in the FACES system. Other supervisors are requiring staff to input a visitation in FACES the work day following the visit. Both strategies are to ensure the timely input of information into FACES regarding the visitation.
- Strategies that are working are shared with the whole at the Sups/Specialists meeting.
- There is a peer supervisory meeting held each month. Visitation continues to be a topic for that groups' meeting with the idea of promoting "peer to peer" TA on what strategies are working.
- PBC contractors will be invited to the City All Sups/Specialists meeting for a portion of the CSFR content. Previously, the oversight specialists were sharing the practice goals from that meeting.

St. Louis County
- Inform staff of expectation to enter visit contacts within 5 business days of contact & to enter complete contact info (No "See CD-82" entries).
- Document contact entry date into FACES on CD-82; submit form to supervisors within 5 business days of contact.
- Verify entry date & completeness in FACES.
- Submission of visit tracking form to program manager.
- Monitor service workers' visit contact entries in FACES.
- Provide worker child visit entry instructions to staff.
- A cheat sheet w/tips for staff given to all case managers.
- Check workers' case lists on visit report against local worker visits tracking form to ensure they match.
- Submit tracking form to program manager.
- Monitor Circuit Manager's visitation schedules to ensure regular visits are happening.
- Inform supervisor when visit policy expectations can't be met.
- Monitor frequency of visits using Tracking tool & FACES Worker Visit Report to ensure visits are held 2 x month (after 10th business day of month).
- Provide strategy ideas to staff on how to improve visit frequency.

I. Adoption Incentive Payments

In FY 09, Missouri adoption incentive payments of $488,000 assisted CD in covering the costs of adoption recruitment and related activities. This funding has been set aside to general recruitment activities and for the Missouri Adoption Heart Gallery.

J. Quality Assurance Update

The Division maintains a structured Quality Assurance and Quality Improvement process as described in the five year plan. QA and QI activities occur at a state level as well as regional level. All QA and QI activities jointly work together to continually assess the quality of services under the CFSP and assures steps are taken to address identified problems.

Data is consistently used for monitoring practice effectiveness and ensuring quality services in all program areas. Data is used for management oversight as well as to drive case management decisions by field staff and supervisors. This occurs in numerous planned as well as unplanned (ad hoc) methods. Reports are regularly produced, some of which are published, and most are posted on the Division's Intranet and/or Internet for use by CD staff and stakeholders. Reports include proxies for CFSR outcomes as well as other areas of practice.

Ad hoc reports are an integral part of QA and are used for many purposes. This has been particularly useful in the absence of published outcomes data following challenges of conversion. Local or regional measurements of service delivery effectiveness are the most common reasons for ad hoc reports from the field. QA specialists either contact the central office manager for information or directly contact the Research and Evaluation Unit to obtain needed information. Ad hoc reports are used by middle or upper level managers to address policy or program related issues affecting quality services on the front line or to inform outside stakeholders about child welfare matters.

Outcome data is used in a variety of ways with Division staff and partner agencies. QA specialists routinely create data tables and charts for circuit staff and the courts, highlighting practice areas needing improvement, and to show progress made.

Continuous Quality Improvement (CQI) is a key QA/QI structure of the agency by which all agency staff participate in the on-going assessment of the quality of services under the CFSP and initiation of change to address identified areas of concern. In addition, circuits are encouraged to invite stakeholders to their structured CQI meetings.

Circuit staff members regularly meet with stakeholder groups in the community or invite stakeholders to local meetings outside of the structured CQI process who can then bring information from the stakeholder's sharing of information (regarding the quality of services) into the CQI process. Each circuit keeps a notebook entitled, ―Involvement of stakeholders in the CQI Process" in which they keep minutes from their meetings and any Quality Improvement plans they have developed collaboratively. Many stakeholders are involved in the review and improvement of permanency efforts through the Fostering Court Improvement Program in participating circuits. Stakeholders were also involved with CFSR readiness and accountability activities by coming to the table to review data, and in development of the local readiness assessments, statewide assessment and upcoming program improvement plan development. Additionally, the CFSR Advisory Board consists of representatives from the tribes, education system, courts, attorneys, and many more.

The quarterly *In Focus* Newsletter has continued to highlight key areas of practice needing improvement, which is used in the CQI process by all staff to discuss local or state level strategies for improvement. This year, COA maintenance information and efforts were also incorporated into the newsletter as a standing article. The newsletter also regularly highlights supervisory issues from the Supervision Advisory Committee.

Regional QA/QI Activities:
Fostering Court Improvement
As discussed in the five year plan, QA Specialists in four regions are actively involved with the Fostering Court Improvement (FCI) Initiative. Established in ten circuits, the FCI Initiative is a collaborative effort between the CD and the court system. QA Specialists help FCI teams to establish and maintain strategic plans for change by regularly attending meetings and providing data on progress on permanency outcomes at the Circuit Level. For example, during 2009, the Circuit 13 Fostering Court Improvement Project Team suggested a case review to capture several data elements to determine which children were and were not reaching timely permanency. The QA Specialist created a draft review tool and presented to the team for input. After receiving approval, the QA Specialist recruited reviewers, set up the logistics for the review, captured the data, analyzed and the data, and reported out the findings.

Jackson County Community Quality Assurance Committee
As discussed in the five year plan, Jackson County continues to support a Community Quality Assurance Committee (CQAC). The Committee meets half a day once per quarter. The membership of the CQAC consists of professionals from child welfare, or related disciplines, and child advocates to encompass a broad spectrum of professions so as to create a multi-disciplinary perspective within Jackson County. Subcommittees within the CQAC have continued to meet and work on projects identified by the team members. Examples from the past year include: an education subcommittee, a subcommittee on needs assessment, and a workgroup to address retention of resource parents. These efforts have proven to be successful as Jackson County continues to have positive outcomes in many areas of practice.

The QA Unit conducts local situational activities as areas of need are identified. This includes data accuracy training and support, worker/ supervisor/ administrator support, activities to emphasize practice areas needing improvement, data sharing, and collaboration with QI Unit and Private Agency QA staff, and other activities as requested by the Regional Directors or QA Unit Manager. In the absence of trends reports during 2007-2009 due to FACES conversion, local staff have relied on monthly case listings, and QA case review results (Peer Record Reviews and Supervisory Case Reviews) to monitor and identify trends.

QA and QI specialists address regional-specific issues in varying ways. For example, St. Louis City outcomes are sometimes outliers from state patterns, and the focus for improvement is sometimes apart from other Regions. Likewise, some geographical regions are vast, which requires additional travel time for the specialist leaving less time for actual hands-on support. QA and QI staff receive strategic guidance and assistance in planning from their Central Office and Regional Supervisors.

QA and QI specialists have access to Cyber Access, which is a web-based tool shared by numerous agencies containing medical information. They also have shared access to the Missouri Juvenile Justice Information System (MOJJIS) which contains information on education, health, juvenile justice, juvenile delinquency, child welfare, and more. The information from these two sources fosters communication and assures the holistic need and status of a child is understood by all involved parties. Private agency case managers have access to the CD Intranet, use the same information system (FACES) for documenting case management activities, receive all Division memos to keep everyone simultaneously informed of policy revisions or critical issues, and have access to all outcome reports available to the Division. All private and public QA staff received reinforcement training regarding Cyber Access and MOJJIS this year at a QA Unit Meeting.

The private Foster Care Case Management (FCCM) contract is comprehensive and sufficient for setting the stage for ensuring quality service delivery. It clearly specifies standards for practice including qualifications of staff. The contract, based on accreditation standards, specifies minimum requirements for the contractors' personnel. The contract specifies training requirements including on-the-job training, qualifications and the requirement for quality assurance processes, including consumer satisfaction evaluations, compliance with the Division's Child Welfare Manual and reporting requirements, and joint Peer Record Case Reviews with the Division.

Collaboration between the Division and FCCM is a strength for the agency for assuring quality services. In addition to joint Peer Record Reviews, QA program staff work together between agencies. The Quality Assurance program is multi-faceted when monitoring FCCM outcomes to ensure quality service delivery. The Division has specified contract oversight specialists who

serve as a dual role for quality assurance as well, as they monitor specific outcomes to ensure quality service delivery. For example, worker visits and permanency planning meetings held by FCCMs are monitored monthly by the Division's oversight specialists. The Division's QA staff monitors Division and FMMC outcomes routinely, and the central office QA Unit routinely monitors statewide compliance for the individual agencies, and communicates through the FCCM Quality Assurance designees on areas needing improvement.

Safety and health assurance of children in foster homes and residential centers, including both private and public, are assured through standards of licensure, rules, compliance reviews for oversight by licensing workers in the Division and/or the Residential Program Unit depending on the type of home or facility. Case management activities are in place to address child safety and health as well. In particular, worker visits with children occur and include requirements to assess safety and well-being issues to include health. Case Reviews evaluate the effectiveness of visits and results are shared with staff as previously stated above.

An on-going challenge for Quality Assurance for analyzing data to identify trends is related to data integrity issues stemming from conversion of each phase from Legacy to the new SACWIS information system (FACES). Missing data, incorrect data and untimely data entry are continued challenges with field staff. Missing and incorrect data related to conversion and missing edits impacts the ability to have consistency or confidence in data, and also caused a significant delay in the ability to produce outcomes and trends reports. Much time and effort has been spent by the Quality Assurance Unit in addressing data integrity related issues, leaving less time to identify, analyze, and target areas needing improvement to the extent necessary. The data integrity issues, late production of internal reports and absence of composites as noted previously impacted the ability of QA staff to evaluate trends during this period. However, much progress has been made, and the Division is once again current with all published reports as of March 2010.

However, a new initiative is underway to aid in the ability of QA and QI staff to monitor and address concerning trends. The Quality Assurance unit is currently working with the University of Kansas on the development of a new Results Oriented Management (ROM) Report which will increase the ability of staff at all levels, including private agencies, to self-monitor and oversee effective practice and outcomes. This will be structured in a similar format to the agency's worker visit report, which proved extremely helpful in improving outcomes on worker visits. The ROM is anticipated to be available to field staff in the fall of 2010.

The Quality Assurance unit is also monitoring and working to assure timely and accurate documentation by staff. Much effort is made to encourage and explain the importance of documentation to staff, including a policy memorandum distributed setting guidelines for timeframes for case documentation. This was complicated with the conversion to FACES resulting in a learning curve, staff resistance and timely data entry. However, multiple data training strategies have been utilized such as direct support, data accuracy training using multiple strategies, such as helpful hints on entering data, and power point presentations posted on the CD Intranet and memorandums. This has shown to be beneficial as much of the data integrity issues have been resolved. Additional data accuracy training is currently being planned to continue these efforts. On-going support from central office QA staff as well as Regional QA Specialists is provided on an on-going as problems are identified.

A challenge exists in keeping staff focused on the holistic perspective of a child or family outcome and how the outcome is related to positive results for the consumer, versus staff being concerned about outcomes only used as a reflection of their work. This is a challenge in

particular for cases that transfer between counties or between public/private agencies. Staff can get caught up in whose responsibility a situation was when less than favorable results occur, and lose sight of the larger picture of why a deficiency in practice was important for the family or child. The QA Unit continually strives to inform staff about their practice as it relates to child safety, permanency and well-being through various strategies, including featuring information in the ─In Focus" Newsletter.

K. Licensing Waivers

The Missouri Children's Division does not grant licensing waivers. However, we grant variances for specific reasons for a specific timeframe. For example, in the case of non-safety licensing standards, a variance may be granted for a time limited period not to exceed the current licensure period.

L. Juvenile Justice Transfers

During the CY 07, 53 children exited custody from CD and were transferred to DYS. During the CY 08, 52 children exited custody from CD and were transferred to DYS. During the CY 09, 55 children exited custody from CD and were transferred to DYS. As this information shows over the past three years, this number has remained relatively stable. These counts are derived by matching Departmental Client Numbers (DCNs) of children exiting from the alternative care population with entries into the state's Juvenile Justice System before or within 90 days of the exit.

M. Inter-country Adoptions Annual Update

CD collected information regarding children who are adopted from other countries and who enter into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption. There were eight children. Four of the eight children, were adopted internationally through Missouri's child placing agencies and entered state custody as a result of disruption of a placement for adoption or the dissolution of an adoption during FY2009.

The eight children's information is as follows:
- This child was adopted at age 4 from Russia through an adoption agency in Washington, D.C. called Cradle of Hope. No Missouri child placing agency was involved. The case involving this child was closed after he was returned to the custody of his adoptive parents on 12-2-09. Thus, reunification has been achieved.
- This child was adopted as an infant in Russia by his Bulgarian parents before the family immigrated to the US. He came into care due to physical abuse. This child has been reunified with his parents and our case is now closed.
- **Brother of child listed above.** This child was adopted as an infant in Russia by his Bulgarian parents before the family immigrated to the US. He came into care due to physical abuse. The child has been reunified with his parents and our case is now closed.
- The licensed Missouri child placing agency that initially handled the placement or the adoption is ABC Adoptions. The plans for the child are TPR/Adoption. The reason for the disruption or dissolution is that the adoptive parents reported they can no longer manage the child's behavior problems. They made several attempts to re-adopt him through their private agency, but were unsuccessful. The child was placed in residential

treatment through a voluntary placement agreement. The adoptive family declined to pick him up at the end of the 180 days and he was placed in foster care.

- The licensed Missouri child placing agency that initially handled the placement of adoption was Small World Adoption Foundation. The reason for disruption is behavior injurious to self and others. The plan for the child is that the child is currently receiving residential treatment. The plan for the child is reunification with his adoptive parents.
- The licensed Missouri Child Placing Agency that initially handled the placement of adoption ―Future Inc.‖. The plan is reunification. The reason for the disruption is child‗s mental health needs.
- The licensed Missouri child placing agency that initially handled the placement of adoption Children of the World. The child was adopted as adopted from Haiti.
The plan for the child is adoption, and adoption recruitment is currently in full swing.
The reason for the disruption is because the child was displaying behaviors that the adoptive family was unwilling/unable to deal with. After a psychiatric hospitalization the family refused custody of the child.
- The licensed Missouri Child Placing Agency that initially handled the placement was Children‗s Hope International. The plans for the child are that the child is currently receiving residential treatment. The reason for the disruption is because the child was displaying behaviors that the adoptive family was unwilling/unable to deal with. The child was hospitalized and her family refused to pick her up and has refused all attempts to engage them in the planning. The adoption has not been set aside. The Children‗s Division is recruiting for a resource for her but her goal is APPLA.

See Inter-Country Adoption in the Permanency section for more information.

Annual CAPTA Grant Update

Child Abuse Prevention and Treatment Act Service Description

The State of Missouri currently is involved in a number of activities targeted to prevent and accomplish the remediation of child abuse and neglect. As a result of implementation of our multiple-response system for reports of child abuse and neglect, Missouri maintains a high standard of practice. Child safety is of paramount concern and attention in Missouri. Practice ensures child safety through a child focused family-centered approach which is culturally sensitive, strengths-based and embraces the community child protection philosophy. Current and future initiatives are designed around strengthening and ensuring quality improvement of statewide practice.

Update of program areas selected for improvement from one or more of the 14 program areas set forth in Section 106(a) of CAPTA.

The following activities are in fulfillment of CAPTA for the application and grant in accordance with the ACYF-CB-PI-03-09, and pursuant to compliance with part B of title IV of the Social Security Act [42 U.S.C. 620 et seq. and 42 U.S.C. 5106a of the CAPTA law], numbers (1), (2), (3), (4), (6), and (12):

1. The intake, assessment, screening, and investigation of reports of abuse and neglect as they relate to the Missouri's Child Welfare Practice and Family-Centered Services;

2. (A) Creating and improving the use of multi-disciplinary and interagency protocols to enhance investigations as it relates to quality Child Welfare Practice and Family-Centered Services; and
    (B) Improving legal preparation and representation, including (i) Procedures for appealing and responding to appeals of reports of abuse and neglect that are found to indicate a preponderance of the evidence; and
        (ii) Provisions for the appointment of an individual to represent a child in judicial proceedings;

3. Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families as it relates to the CPS Redesign, Family-Centered Services, the National Committee for Prevention of Child Abuse and delivery of services through the Child Advocacy Centers statewide;

4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, as it relates to the Family-Centered Services, including National Council on Crime and Delinquency, Children's Research Center's Structured Decision Making practice model;

6. Developing, strengthening, and facilitating training including:
    (A) Research based strategies to promote collaboration with the families;
    (B) Legal duties of such individuals;
    (C) Emergency Protective Custody and
    (D) Personal safety training for case managers;

12. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the community level, as it relates to the Child Advocacy Centers and the National Committee for Prevention of Child Abuse.

Missouri's Child Protection System (CPS) continues to maintain the status of being state of the art in its use of multi-disciplinary and interagency protocols to enhance the intake, screening, investigation, and assessment of reports of child abuse and neglect. Missouri implemented the alternative response/dual track system in 1995. This system continues to be considered best practice within Missouri and looked upon by other states as exceptional. Our design improved past methods by creating various responses to reports, while maintaining safety of children. This system continues to be improved through development of specific interview questions or pathways that get to the heart of issues within families who come to the attention of the Division because of a report of child abuse/neglect. These issues may include domestic violence, substance abuse or methamphetamine productions, financial instability through underemployment or unemployment.

Through the creation of community partnerships, families receive faster and more comprehensive service delivery. The division continues to enhance the general CPS system by fine tuning the safety and risk assessment tools and protocols. The Division has worked in consultation with the National Resource Center for Child Protective Services to review and improve the safety and risk assessment tools and protocols in Missouri. At this time risk and safety are assessed at the time of the original report of abuse or neglect as well as throughout the investigation process and ongoing throughout the life of any subsequent case with the family. The NRC has provided excellent feedback on improving and clarifying for staff the safety assessment process as well as safety planning. Safety and risk are being refined using a multi-phase approach beginning with an introduction of the concepts of safety threats, child vulnerabilities and caretaker protective capacities through discussion and a review of the current written material on these concepts. The second phase included a training of upper level field managers to strengthen the utilization of these concepts from the top down. The third phase will include training direct supervisors of case carrying staff to begin incorporation of these concepts into case assessment and a review of these concepts in supervisory consultations. The final phase will include a revision of our tools in our SACWIS system as well as policy changes to accompany improved safety practice.

The CAPTA requirement to train the legal representative of foster children in judicial proceedings is continuing within the Missouri Bar Association (MBA). MBA provides extensive training for all newly appointed Guardians ad litem and CASA representatives. They are educated on the following: basic child abuse and neglect and the needs of the child; how to exercise independent judgment on behalf of the child in all matters; meeting with the child in the child's placement as often as necessary to ensure the child is safe and to ascertain and represent the child's best interest; reviewing progress of the case and advocate for timely hearings; participating in development or matters affecting the best interest of the child and monitoring implementation of court-ordered services to determine whether services are being timely provided.

Lastly, in response to provisions and procedures for referral of a child younger than age three involved in a substantiated case of child abuse or neglect, to early intervention services funded under part C of the Individuals with Disabilities Education Act, CD is collaborating with the Department of Elementary and Secondary Education (DESE). The CD has collaborated with DESE and established policy which requires CD staff to make a referral to DESE First Steps

Program when they have found a child under three to be a substantiated victim of child abuse/neglect. Children's Division staff met with DESE representatives in November, 2008, to discuss and enhance the referral process.

Activities Missouri intends to implement with CAPTA State grant funds

In addition to FCS training described in the next section, the following activities continue to be practiced throughout the state:
(1) Bring other providers to the table (e.g., Temporary Assistance, Department of Corrections, Department of Mental Health, and Child Support Enforcement Staff) as identified, in the process of providing direct technical assistance in FCS assessment and service delivery to families in a multiple disciplinary approach.
(2) Provide clinical consultation services for CD in-house staff. Such services would focus on assisting on CD staff in strategizing the assessment, treatment planning, goal setting, and service delivery on FCS Cases.
(3) Develop new ways in which consultation can be provided as an education component within communities.

The total funding necessary for FCS, for FFY 11 is $150,000.

The division will also purchase resource/training material for central office and field staff to equip them in staying current on new and emerging trends in the prevention and treatment of child abuse and neglect. Pamphlets and related material will be purchased for mandated reporters and others to provide information on child abuse and neglect. The pamphlet *The Guidelines for Mandated Reporters of Child Abuse and Neglect* has been made available through a link on the CD webpage and can be printed from that link.

The CD will send representatives to the required National Center for Child Abuse and Neglect (NCCAN) State Liaison meetings.

The total funding necessary for such Out-of-State trainings/meeting, for FFY 11 is $10,000.

The division is a member of the Missouri Chapter-National Committee for Prevention of Child Abuse (NCPCA), Missouri Juvenile Justice Association (MJJA), Child Welfare League of America (CWLA), and the National Family Preservation Network. The division is committed to the support of each of these organizations and their efforts to prevent child abuse. The annual dues as a member agency have been paid from this grant in the past.

The total funding necessary for NCPCA/MJJA/CWLA/NDAS annual dues, for FFY 11 is $12,000.

The CD continues to budget approximately $800,000 to Child Advocacy Centers (CACs). CAPTA funds are supporting the services these centers provide. These centers provide vital forensic interviews and sexual abuse examinations which assist in the successful prosecution of abuse and neglect. CAC settings are established to be neutral and in a child friendly" atmosphere in order to: (1) reduce the emotional trauma of the investigation to the child and the non-offending family members; (2) improve the ability of the Child Abuse Investigators to reach an appropriate finding; and (3) improve the multi-disciplinary collaboration at the community level. These centers are regionally located to meet the needs of our children and families statewide.

The total funding necessary for the CAC FFY 11 is $480,000.

The State of Missouri is committed to providing a comprehensive array of services through public agencies and community action, which will prevent and treat child abuse and neglect in Missouri. The initiatives identified above will allow us to strengthen our programs and services in this area to develop or to enhance Missouri's process of intake, investigation, assessment, case management and service delivery, as well as, enhance the capacity of community based programs.

The total CAPTA funding requested, which includes funding for all the above CD initiatives and activities for FFY 11 is $652,000.

Service and Training being provided under CAPTA State grant as required by Section 106(b)(2)(C) of CAPTA

Missouri continues to develop, strengthen, and facilitate training opportunities and requirements for individuals overseeing and providing FCS to children and their families through the child protection system. These training approaches are primarily provided at the local level and are designed to improve overall case management and service delivery provided to children and their families. These efforts include:

- Consultation/training for staff in the county offices to assist them with developing service strategies with multi-problem families and family-based applications. FCS contracted consultants (family-based practitioners skilled in family-centered practice) help staff explore options and approaches to presenting problems with families, role model the staffing process, and reinforce the skills of a family-centered approach.
- Training for contracted consultants and Children's Services Specialist's on utilization of Family Conferencing Techniques, as well Community Partnering for the Protection of Children philosophy for intact families. FCS consultants and Children's Services Specialist's will be able to model this technique for CD staff for use in family service delivery.
- Training provided for FCS staff by CD staff trainers or contracted trainers (i.e., Intensive In-home Services trainers, to assist them in improving their skills in providing FCS, e.g., interviewing skills). This training is usually provided within the context of completing and understanding the tools within the CD-14, Family Assessment Packet.

Other training which can be accessed at the local or community level according to identified training needs, and regional training plans.
- The provision of specific one-on-one training with staff and families by modeling a family-centered assessment in the field with staff and selected a family. This carries the training process to conclusion and critiques the process for best practice.
- Training is being provided to CD staff, JO, attorneys, GALs, and CASA on improved timeliness of hearings, concurrent planning and provisions of protective custody (including imminent danger definition and guidelines on standards of removal).

Annual Chafee Grant Update

Accomplishments achieved and planned activities for each of the first five purposes of CFCIP:

1. Assist youth to transition from dependency to self-sufficiency:

The CD will continue to use the CFCIP funds to staff one state level coordinator. The state level coordinator position will continue to be responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator will also be responsible for management and oversight of the Chafee, ETV, and Transitional Living Program (TLP) contracts.

The CD will also use CFCIP funds to staff four Older Youth Transition Specialist positions to cover seven regions of the state. The Specialists will continue to be the liaisons to the IL Coordinator and contracted providers of Chafee and TLP. The Specialists will continue to be responsible for monitoring the contractors for compliance. They will conduct on-site monitoring visits, review expenditure reports, invoices, and outcome reports for accuracy and compliance. They will be the gatekeepers of referrals for Chafee services and TLP placements. The Specialists will continue to work directly and collaboratively with the IL Coordinator, case managers, contracted providers, youth, and to be responsible for on-going consultation and education to agency staff, providers, and the community. The four Older Youth Transition Specialists may also assist with program coordination in their designated regions. Quarterly meetings will be held with the Specialists and IL Coordinator. The Older Youth Transition Specialists duties were revised for consistency across the state in 2010 and will be revised in FY 11 to assist with National Youth in Transition Database (NYTD) implementation.

The CD Older Youth Program encompasses all the services and programs which are offered to foster and former foster youth, including youth who obtained kinship guardianship or adoption after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency. This program encompasses Chafee services to youth ages 14-21 as well as the Transitional Living Program, Education & Training Voucher Program and Independent Living Arrangements. There are approximately 3391 youth in Missouri eligible for Chafee services. All new employees are trained through a separate curriculum regarding the Older Youth Program requirements. Youth continue to receive information about available Chafee services through their case manager, Older Youth Transition Specialists, youth boards, and the CD website. Services are to be used to assist youth in complementing their own efforts to achieve self-sufficiency and to assure they recognize and accept personal responsibility in preparation for and the successful transition from adolescence to adulthood. Youth are involved in their case planning to address the development of skills and resources needed to facilitate their transition to self-sufficiency. Multiple Assessments including a strengths/needs assessment, the Ansell-Casey Life Skills Assessment, Portfolio Assessment and Performance Assessment are used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide and Individualized Action Plan are utilized by case managers for development and documentation of the youth's transition plan, for youth ages 14 to 21.

Life skills training is provided by contracted providers, including contracted transitional living programs. The CD has recommended providers develop competency based training modules for each set of life skills taught. Each youth is evaluated individually to determine strengths and

identify areas of need. Life skills are taught based on the unique needs of the individual youth. Youth are evaluated using the Ansell Casey Life Skills Assessment (ACLSA) and progress is tracked on Individual Life Skills Progress Form. Portfolio items are a component of life skills that have been achieved. Contractors receive a current ACLSA with each referral for Chafee services or TLP placements and are to reevaluate the youth once a year using the ACLSA. Contractors are required to provide outcome data on each youth served with CFCIP funds. Contractors work with youth in the areas of academic achievement, job readiness, community services and supports, youth leadership, and independent living skills training.   Aftercare services are also provided through the contractors. Youth leaving care after the age of 17.5 and not yet 21are available for these services. Youth must be 18 to receive housing assistance. On-going communication occurs with the providers of Chafee services via electronic mail from the Independent Living Coordinator as well as quarterly visits from the Older Youth Transition Specialists. A statewide meeting is held annually to discuss the overall program.

Policy at the CD currently requires all staff to begin transition planning for all youth ages 17 and older and for those who will be leaving foster care after age 18. The purpose of conducting transition planning is to identify anticipated service needs and arrange for meeting the needs of older youth who will soon be exiting foster care. In order to prepare youth for their exit from the foster care system, the Case Manager or Children's Division Worker meets with their youth to complete exit planning ninety days prior to release from custody. The Adolescent FST Guide and Individualized Action Plan is used to capture the transition plan for the youth and is intended to be a proactive, youth driven case planning tool. This tool should be discussed and utilized at least every six months at the Family Support Team Meeting with youth ages 14-21. Exit packets are also provided to youth upon discharge from care. Exit packets contain information on ETV, MoHealthNet, Chafee Aftercare Services, the National Youth in Transition Database and local community resources. A verification letter indicating the youth's time in care is also provided to aid the youth in receiving assistance after leaving care within the state and out of state for services that require eligibility verification. A memo and PowerPoint presentation were issued to staff in November 2009. Education of staff around transition planning will continue in FY11.

In FY 11, CD will develop and implement policy to be in compliance with the Patient Protection and Affordable Care Act (HR 3590). Policy will ensure that all youth participating in the Older Youth Program are provided education about the importance of designating another individual to make health care treatment decisions on their behalf if they become unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under law to make those decisions, whether a health care power of attorney, health care proxy, or other similar document recognized by state law and how to execute such a document if the youth wants to do so. Youth exiting care will also receive information regarding health care needs in the exit packet. Information will include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law and options on executing such a document.

Steps have been taken in FY 10 and will continue in FY 11 to evaluate philosophical and programmatic changes as well as tools and forms utilized in the OYP. The CD is continuously exploring needs of staff in regards to the Older Youth Program and once a need is identified, implementing tools to assist staff to become more knowledgeable. Several links to web resources regarding Older Youth were added to the intranet and resources will continue to be added. The use of technology as a means to stay connected to older youth will be used beginning in 2010. A strategic plan will be developed in the near future to address specific

steps that can be taken to improve the program as a result of a statewide file review of older youth records.

The State Youth Advisory Board will plan and host a youth and adult empowerment and leadership conference for the summer of 2011. This is a bi-annual conference. The intent of the conference is to bring adults and youth together while providing motivation and leadership training.

The Youth Independence Interdepartmental Initiative was formed in April 2010 and will convene over the next three years with the purpose of implementing the Blue Ribbon Panel Task Force on Aging Out's recommendations. The original task force was formed to assess resources available to support youth in or exiting from care and to recommend ways to strengthen communication and collaboration among youth-serving agencies and ended in FY10. Several recommendations center on the CFCIP purposes.

Plans are underway to implement the National Youth in Transition Database requirements. Older Youth Program forms are not currently in the SACWIS system. A survey tool is being developed along with new service reporting mechanisms. Contractor outcomes will be in SACWIS and are in development process. Tools to stay connected with youth are being implemented. The IL coordinator has been given access to some social sites in order to connect with youth. The program and information technology units are working closely to ensure timely implementation and compliance measures are met. Representatives will attend a forum in July 2010 regarding NYTD. Staff has participated in numerous webinars relating to this as well and will continue to educate themselves and prepare for implementation of NYTD. A poster and a skit have been developed to promote NYTD and a memo has been issued to introduce staff. NYTD reporting will begin in 2011 and CD plans to be in compliance with the requirements set forth in order to receive the full Chafee allotment. CD staff and Contracted providers are and will continue working jointly in this effort.

2. Help youth receive the education, training, and services necessary to obtain employment:

CD and Foster Care Case Management staff and Chafee and TLP contracted providers will continue to assist youth in resume development, interviewing skills, time management skills, employment aptitude testing and preparation for work and work life. They also will provide career planning which consists of job shadowing, internships, and job site tours. Career center information has been shared and is utilized across the state.

CD staff will continue to refer youth to Job Corps, AmeriCorps, and all branches of the military as well as utilize the Missouri Mentoring Partnership (MMP), Workforce Investment job opportunities, and vocational rehabilitation services.

In August 2008, a task force was convened on youth aging out. The task force was comprised of leaders from public and private entities with the goal to maximize the use of resources to support young Missourians and their transition to successful adult roles and responsibilities. The task force submitted a three year plan in June 2009. In April 2010, the Youth Independence Interdepartmental Initiative task force was established by Governor Nixon. The charge is to assist in carrying out the recommendations of the previous task force which include improving employment opportunities for older youth. The Youth Independence Interdepartmental Initiative has a representative from the Division of Workforce Development and resources are being shared through this initiative.

In November 2009, the Independent Living Coordinator testified at a hearing of the House Dropout Prevention Task Force and Recovery on behalf of the educational needs and successes of older youth in foster care.

Missouri CD plans to continue collaboration with the Orphan Foundation of America (OFA) in providing ETV services to youth as well as providing support and training to staff that work with older youth. OFA has provided several informative webinars regarding career preparation and they will continue this in FY11.

Missouri plans to continue to support and sponsor national internship opportunities for youth through FosterClub All-Stars and OFA as well as other opportunities that present themselves for Older Youth.

3. Help youth prepare for and enter post-secondary training and educational institutions:

Early and on-going support for education is extremely important in preparing youth for self-sufficiency. Education is being approached in a comprehensive and integrated manner in the early years. Setting and monitoring educational goals assists youth in understanding the importance of having a vision of educational success. The CD believes the utilization of the Adolescent FST Guide and Individualized Action Plan increases the support for positive educational outcomes and guides the CD case manager to provide that support and assistance to the older youth in foster care. CD case managers are encouraged to utilize the education supplements available through the Ansell-Casey Life Skills Assessment, which is required for all youth 14-21 receiving Chafee services. The Adolescent FST Guide will be put into the FACES system in 2011 which will allow Missouri to have information regarding high school graduation or GED obtainment on older youth which has not been available.

Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by providing an array of services including but not limited to advocating, planning, and coordinating for education needs, goals, and aspirations, assisting youth in assessing financial aid opportunities, ensuring the development of technology skills, and preparing the youth to make the transition from high school to post secondary education or employment. Examples of services include tutoring, campus and program tours, assistance with financial aid applications, and obtaining graduation items. Missouri plans to continue supporting our Contracted providers in providing these vital services and increasing the number of youth serviced by these programs.

With the passage of the Stable and Safe Families Act, Missouri offers Education and Training Vouchers (ETV) program. Missouri uses ETV funding to expand and strengthen its post secondary educational assistance to eligible youth. The ETV program is implemented through a contracted provider. The purpose of the ETV program is to provide resources to eligible young adults to apply toward the cost of attendance at post-secondary vocational and/or educational institutions. Eligible ETV program participants are youth who are eligible for services under Missouri's Chafee Foster Care Independence Program and youth who were adopted or achieve legal guardianship after the youth's 16th birthday. Young adults who are receiving financial assistance through ETV on their 21st birthday may continue to receive ETV services up until their 23rd birthday, provided they are enrolled in a post secondary education or training program and are making satisfactory progress toward completion of that program.

Youth applicants must be graduating high school seniors, have their high school diploma, be completing their G.E.D. or have a G.E.D. certificate. Youth must be preparing for enrollment in post-secondary education, have been accepted for enrollment or are presently continuing their education at an institution of higher learning including a vocation/technical school. Youth must be making satisfactory progress (minimum GPA of 2.0 or otherwise agreed upon) and provide a copy of a transcript verifying their GPA in order to receive continued assistance. If youth are attending a program which does not use grades to document progress, the youth must provide a letter from the program verifying the youth is making satisfactory progress.

Funds provided under the ETV program may be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act. Missouri has different types of post-secondary institutions, which provides education and/or training beyond the high school level. Regionally accredited institutions of higher education in Missouri include two-year colleges, four-year colleges and universities and state colleges. There are accredited independent nonprofit two-year colleges, four-year colleges and universities, technical and professional institutions, theological schools, and seminaries. There is also a long list of proprietary institutions which may be accredited and unaccredited but are certified to operate by Missouri Department of Higher Education. These generally offer education and training designed to prepare graduates for direct entry into specific occupations or professions.

Current and former foster care youth are also eligible to receive the federally funded Pell Grants. CD requires all youth applying for ETVs to submit a copy of their financial aid letter from their chosen school providing all other financial aid awarded. Youth must be willing to participate in federal Work Study program or work part-time.

In addition to financial assistance, the contracted provider has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Scholarships and internships are also provided through OFA. Missouri plans to continue to strengthen and expand this program.

In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning in the 2010 fall semester or term. This funding is dependent annually on budget appropriations. The first fiscal year this would be applicable would be fiscal year 2011. With the current financial status of the state, this bill will most likely not be funded this year however advocates continue to seek appropriations for this legislation.

Members of the SYAB will continue to advocate for educational needs of youth in foster care.

Information on college entry testing and ETV has been placed on the CD website and shared with providers and youth. Representatives from Department of Elementary and Secondary Education and Department of Higher Education are on the Youth Independence Interdepartmental Initiative task force and provide resource sharing through this as well as clarification regarding statutes that impact youth in foster care that are in turn shared with staff working with older youth.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults:

Young people transitioning out of or who have exited foster care need to develop a support network. The influence of informal role models to serve as mentors in a support network is critical. Missouri currently offers personal and emotional support to young people through job placement, extracurricular activities, community involvement, and formal and informal mentors. Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

It is in this belief that the Adolescent FST Guide and Individualized Action Plan were developed. It is the intent of CD staff to cultivate their community network to develop permanency connections for youth in care. It is the expectation this tool be a guide for case managers and assists them and the Family Support Team to become aware of available services to the youth. The youth is aware and fully engaged in this process. This tool also specifically requires up to three adult supports to be identified by the youth and this will be an integral part of the National Youth in Transition Database implementation requirements. This tool will be in FACES in FY11.

The Missouri Mentoring Partnership (MMP) will continue to be a resource and provides resource coordination for youth and volunteer mentors recruited from the community. These mentors provide positive role modeling, friendship and guidance around employment and parenting issues to youth who are entering the workplace or have become parents. MMP helps prepare youth for success and self-sufficiency. The hallmark of MMP is the support youth receive from volunteer community mentors and committed local businesses.

The MMP Work Site program provides job readiness training, mentor recruitment and training and support services and local business partners provide the youth with paid employment and an on-site employer-sponsored mentor.

The Young Parent Program provides parenting classes, mentor recruitment and training, support groups and resources such as books, diapers and car seats. Both programs stress continued education and many youth advance on to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes that promote self-sufficiency and help them become productive members of their communities.

Community service or volunteering is a critical component in life skills training. Youth who volunteer in community service programs have an opportunity to develop work skills and to meet and develop relationships with adults and other youth who are involved in the same projects. Contracted providers are required to assist youth in developing these skills.

The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. This program will continue in FY11 but a workgroup is currently meeting to address its strengths and needs in order to increase utilization and improve the program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from CD staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to

employment, education and/or training, and preparation for successful transition from CD custody.

The Casey Family Programs ―Ready, Set, Fly" curriculum is a required in-service training for all foster parents who accept placements of youth 14 years or older. This training is provided as a supportive tool foster parents can use with youth to develop or enhance life skills. Foster parents work in conjunction with case managers and Chafee providers to identify specific needs of the youth. This will continue to be a requirement in FY 11.

The State Youth Advisory Board (SYAB) continues to work on the development of a peer mentoring program and some members have become mentors. The SYAB would like to initiate peer mentoring through organizing foster youth support groups at local schools. This will continue to be an on-going project in the FY 11.

Missouri Court Appointed Special Advocates (CASA) also plays a vital role in mentoring Older Youth. These volunteers as an organization statewide have assisted youth throughout the state in advocating for their needs and providing emotional support. In FY11, 75 CASA volunteers in St. Louis City and the 25th Circuit will receive additional training specific to older youth. The National CASA Association was awarded a grant by the Wal-Mart foundation and two sites in Missouri have been selected to pilot the curriculum based on the possible selves theory.

The Independent Living Coordinator attended training on Family Finding in July 2009 to learn about methods that can be used to locate connections for youth.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age:

Missouri will continue to provide services and support for youth in foster care, youth adopted or who have obtained legal guardianship after the age of 16, or former foster care youth between 18 and 21 years of age. While in foster care, these older youth are provided with the same services as the younger youth. In addition, older foster youth also receive education, training, and other services necessary to obtain employment, prepare for and enter post-secondary education and training.

Chafee services are available for foster youth ages 14-21 and youth adopted or who obtained legal guardianship after the age of 16. Youth who exit foster care on their 17.5 birthday and have not yet reached age 21 are eligible to receive Chafee Aftercare services. Youth may access Chafee services as needed while in the Division's care and custody or as a former foster youth.

Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited CD custody. Aftercare services are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. Chafee funds may be expended for a variety of reasons and should be used as a support for the young adult, not an on-going supplemental funding source. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services. Room and board services are only available to youth who exited custody at age 18 or after, but they have not yet reached age 21. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. Support services provided include life skills training, transportation, child care, clothing, and other expenses as needed.

Case managers are required to provide an exit packet to youth prior to their release from CD custody. The packet includes information on the Aftercare Program.

Missouri also extends medical coverage through MO Healthnet for youth who left care after age 18 but are not yet 21. Youth are eligible regardless of income or assets as long as they aged out in Missouri and continue to reside in Missouri. In FY 11, efforts will continue to ensure that youth are made aware of this benefit and how to access it.

The St. Louis Aging out Initiative is a project administered by Epworth Children and Family Services, a residential and transitional living program in St. Louis. This initiative targets youth in the foster care who are 16 years old in a residential or transitional living program in the St. Louis area. This project focuses on linking youth to current service providers and creating support networks with area agencies. Online workstations and a 24-hour helpline will be available for youth to utilize. Also a peer advisor will be working directly with the youth. The intended outcomes of the project are to: teach youth self-advocacy behaviors, speaking in court; hearing and leading their own Family Support Team meeting; to have sixty percent of youth participants earn their high school diploma or GED; and to have one hundred percent of youth participants who exit the program to have their personal documents, such as their social security card, birth certificate, immunization record, etc.

Training planned for FY 11:

The CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from Older Youth Transition Specialists or other CD trainers on adolescent issues, including three hours each in cultural/race sensitivity, ILP life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to employment, education and/or training, and preparation for successful transition from CD custody. There is currently a workgroup that is revising the training curriculum to update it with the current research information on best practices/working with youth, as well as make it more user-friendly, timely, and applicable to the provider.

The Casey Family Programs ̶Ready, Set, Fly" curriculum for in-service training of foster parents is provided as a supportive tool foster parents can use with youth working in the independent life skills classes to help them practice their skills learned in the home. Foster parents which are licensed for older youth are required to receive the training. The training is conducted by local training staff.

The Older Youth Program Training, which includes training on the Ansell-Casey Life Skills Assessment, Adolescent FST Guide and Individualized Action Plan, positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration was provided to Transitional Living Providers. The training was also incorporated into the core curriculum for all new hires in July of 2008. The training is conducted by CD staff trainers in the Professional Development Unit. Sessions are held across the state with youth co-trainers. The training unit has an on-going process of changing the training to meet current policy and to ensure that it is meeting the needs of the agency and seek input from Older Youth Transition Specialists and the Independent Living Coordinator.

The Older Youth Transition Specialists will continue to provide follow up training to case managers, contracted staff, and supervisors in their respective Regions regarding the Older Youth Program. The Specialists assist staff in the implementation of changes in the Older Youth Program practice and tools.

Training will continue to be provided through the Orphan Foundation of America on topics to assist youth in obtaining an education and finding employment.

Children's Division and its private partners also have on-going opportunities to receive no cost training on adolescent sexual health issues.

The Independent Living Coordinator has been speaking with the Department of Higher Education as well to coordinate training efforts.

A focus group met in 2010 to address adoptive parent training needs in regards to older youth. Recommendations were provided to executive administration staff.

The Children's Division will be addressing how to provide additional training to foster parents and Foster Care Case Management Staff in FY11 specific to older youth and in response to the older youth file review conducted in March 2010, recent conversations with the State Foster Care Advisory Board, and recommendations from the Transitional Living Advocate workgroup.

Service design and delivery of the trust fund program:
Missouri has not established a trust fund program for youth receiving independent living services or transition assistance.

Activities undertaken to involve youth in State agency efforts, such as the CFSR/PIP process:
The CD recognizes the importance of and remains committed to youth involvement and development. When possible, youth are asked to assist in foster parent STARS pre-service and in-service trainings. Youth also speak at the Older Youth Program training which is provided to all new employees. Other trainings include Transitional Living Advocate and Court Appointed Special Advocates. Youth are often invited to participate and speak on youth panels and facilitate and lead workshops. Youth will continue to speak at foster parent appreciation dinners throughout the state. The SYAB has also assisted with development and implementation of the National Youth in Transition Database. The youth developed a skit that can be presented at seminars and workshops and a poster that is to be displayed in local offices encouraging youth to participate in the survey. A youth represents the SYAB at the Children Family and Service Federal Review Advisory Committee Meetings. A focus group with 24 members of the State Youth Advisory Board was held in April, 2010. Five youth were selected to participate in a statewide focus group in June, 2010 for the CFSR process.

The CD provides SYAB members and other current and former foster youth with a $25 per day stipend for attending speaking engagements or participating in requested events, such as a program workgroup. The youth also receive mileage reimbursement for their travel to any such event if they are transporting themselves.

Youth on the SYAB host and design the entire bi-annual state youth conference. Workshops and conference activities are generally led by the youth. A conference is being planned for the summer of 2011.

Through the SYAB, youth have an opportunity to give policy and procedural input to CD staff, provide meaningful leadership training and experiences for board members, and empower board members who, in turn, can empower other youth in out-of-home care. SYAB members and other current and former foster youth have been involved in panel presentations and various state/area conferences regarding what the CFCIP has meant to them and how it can make a difference.

Other involvement includes:
- Meeting with legislators during the Annual Child Advocacy Day to provide information and advocate for foster care and independent living services.
- Speaking at community meetings to provide information about foster care and adoption issues.
- Participating in agency meetings and committees, such as the Missouri Task Force on Children's Justice, CQI state level meeting, Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team, and Healthcare Oversight and Coordination Committee.
- Providing CFCIP and ETV Program information to foster parents, youth and community members.
- Participating in other community youth boards or councils, such as area youth boards and FosterClub All-Stars.

The CD has invested in the FosterClub All-Star Program to be able to send a youth to leadership training and participation in national leadership events. It is the philosophy of the agency that by providing this type of leadership training and national exposure that this one youth will be able to directly impact the lives of many youth within the state of Missouri. This youth will also be a trained leader in which he/she can better advocate within the system on behalf of youth in foster care. For the past four years, Missouri has sponsored an All-Star participant and hopes to sponsor a new participant in SFY 11 to continue this program. Each of these youth has and will be expected to participate in CD workgroups, state agency advisory boards and various speaking engagements.

The CD is always looking at ways to improve practice with older youth. In February 2010, memo was issued to staff regarding the importance of accommodating older youth in Family Support Team meetings. Another memo was issued in July 2009 to allow mileage reimbursement to older youth in independent living situations to assist them in meeting the goals of their case plan that would be afforded to youth in other living arrangements. Youth have also advocated for an increase in clothing allowances and this was provided to youth case managed by the Children's Division in July 2009. The youth voice is powerful and when possible and feasible, the CD acknowledges the needs of the youth with programmatic and practice changes and will continue to do so in FY11.

The CD is also always looking to strategize and implement program enhancements via task forces, committees, and workgroups across the state such as the Comprehensive System Management Team (System of Care State Team) and Fostering Court Improvement which has a focus on older youth and will continue to do so in FY11.

In FY11, SYAB members and other current and former foster youth will assist in training CD staff on the Older Youth Program sharing their perspective on why CD's philosophy and tools will help youth transition successfully from foster care.

Annual Education and Training Vouchers Update

Describe the specific accomplishments and progress to establish, expand or strengthen the State's postsecondary educational assistance program to achieve the purpose of the Education and Training Vouchers (ETV) program:

Missouri currently uses grants, scholarships, and ETV funding to assist youth with costs of attendance for post-secondary educational and training programs. In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning in the 2010 fall semester or term. This funding is dependent annually on budget appropriations. The first fiscal year this would be applicable would be fiscal year 2011. With the current financial status of the state, this bill will most likely not be funded this year.

Missouri continues to expand and strengthen the ETV program to serve eligible youth.

The CD has contracted with the Orphan Foundation of America (OFA) since 2006 to provide ETV services. The CD, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with OFA to provide these services. Missouri has utilized all of its ETV funds for the past three years. The contracting out of services has allowed for a central means of youth to apply as well as providing a database and evaluative reports on services. As part of the contract, OFA is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. OFA provides brochures and has a website.

There are no plans to change the eligibility criteria for youth at this time. Missouri was already operating under the guidelines of the Fostering Connections Act at the time of implementation of the law.

Currently, eligible youth access the ETV program through the OFA website at www.statevoucher.org. Eligible youth are those who currently qualify for Chafee services and are in the process of transitioning out of foster care or are former foster care youth between the ages of 17.5 – 21. Foster and former foster care youth participating in ETV on their 21st birthday shall remain eligible until their 23rd birthday, provided they are making satisfactory progress. Post-secondary ETVs are also offered to youth who were adopted or achieved legal guardianship after age 16.

The application and all record keeping are online and available to appropriate state staff for oversight purposes, and training is provided via teleconferencing. The website allows CD to monitor the youth's application and paperwork at each step of the process. OFA looks at every ETV applicant individually, assessing their tuition need and cost of daily living, and each student gets the ETV disbursement that best suits these needs. Funds are available on a first come first serve basis.

Current requirements for eligible youth to receive assistance are:
- Youth must demonstrate academic success or motivation in school (generally a "C" average or its equivalency or as otherwise agreed upon with the plan) or in a training program;
- Youth must be accepted to an accredited college/university, vocational school or certified training program;
- Appropriate scholarships, grants and other financial assistance must be explored and utilized, and;
- There must be reasonable assurance the youth will graduate from the educational or training program.

Youth are required to provide financial need information through the on-line application process. The application process and a database track services and expenditures to ensure vouchers do not exceed the total cost of attendance or $5,000 per year.

Current and former foster care youth are also eligible to receive the federally funded Pell Grants. CD requires all youth applying for ETVs to submit a copy of their financial aid letter from their chosen school providing all other financial aid awarded. Youth may choose to attend public, private or non-profit four-year universities or colleges, two-year community colleges, vocational/technical schools or specialized one-year training programs. Educational or training programs must be accredited/pre-accredited or certified. Youth must be willing to participate in federal Work Study program or work part-time.

In 2008-2009, there were 290 youth funded from ETV. Of those 290, 162 were first time funded.

In 2009-2010, there were 318 youth funded from ETV. Of those 318, 188 were first time funded.

In addition to financial assistance, the contracted provider has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Scholarships and internships are also provided through OFA. These services will continue as well.

Numerous trainings and educational sessions have been held across the state in which information regarding the ETV program was shared.

In June 2009, a workshop was provided at the Adult and Youth Leadership and Empowerment conference regarding resources including ETV. Youth and adults from across the state attended the event.

In October 2009, two statewide webinars educating individuals working with youth on ETV services were provided.

In November 2009, a statewide memorandum and PowerPoint presentation was issued regarding exit planning and providing information on ETV to youth. A presentation was also provided to the CSFR Advisory Committee.

In March 2010, presentations including information on ETV services were given to the Office of State Court Administrators and the State Foster Parent Advisory Board. Information was also provided to the State Youth Advisory Board to share with the local youth boards.

In April 2010, a webinar exchange was presented by the Orphan Foundation of America entitled ―Making the Most of Summer Vacation" to provide youth with an array of options to help them stay focused and productive over the summer.

In May 2010, a session was presented on the Older Youth Program and ETV to Guardians ad litems and juvenile officers in Jefferson County.

A webinar was provided by the Orphan Foundation of America entitled ―Coaching Students for Success" about working to help young stay focused on positive and productive futures.

A webinar was provided by the Orphan Foundation of America entitled ―Making the College/Career Connection: Education and Training Options for Youth in Foster Care" about talking with youth about their education and training options.

A new brochure has been posted on the internet and intranet and distributed by e-mail to the Older Youth Transition Specialists and their supervisors, Chafee providers, Transitional Living Program providers, Specialized Contract providers, and State Youth Advisory Board Members. The brochure has also been provided to the local offices via the Older Youth Transition Specialists. Information regarding FASFA has also been added to the website as well as PowerPoint presentations on ETV and websites containing scholarship links. Information on waiving college admission testing fees has also been provided via e-mail to all agencies working with older youth in the state.

In August 2008, Former Governor Matt Blunt convened a task force on youth aging out which Governor Jay Nixon continued. The task force was comprised of leaders from public and private entities and youth and alumni youth. The goal of the task force was to maximize the use of resources to support young Missourians and their transition to successful adult roles and responsibilities. One of the priority topics was education. The task force submitted a three year plan in June 2009.

Governor Nixon has convened a new task force, the Youth Independence Interdepartmental Initiative, beginning April 2010 to work on implementation of the previous task force‘s recommendations. Specific recommendations regarding education align with the ETV/Chafee programs purposes of assisting youth obtain an education.

For FY10-FY11, Missouri plans to continue providing ETV services through OFA.
OFA is currently planning a series of informational exchange webinars to be held bi-monthly for the upcoming year for social workers, caseworkers, foster parents, and direct care staff who support youth in foster care. The CD will continue outreach and education efforts to youth, staff, and community partners on the ETV program and assist in implementing the Youth Independence Interdepartmental Initiatives recommendations.

Financial Information

Section I. Financial Information

1. Payment Limitations – Title IV-B, subpart 1:

- The state did not use any title IV-B subpart 1 funds for child care, foster care maintenance and adoption assistance payments for FFY 05 or planned to for FFY 11.
- The state did not use any non-Federal funds for foster care maintenance payments that could be used as a match for FFY 11.
- This information is contained within the CFS-101 report, parts I and II.

2. Payment Limitations – Title IV-B, subpart 2:

- FFY 10, the percentage for IVB, Subpart 2 will be similar to FFY 07 and FFY 08 expenditures.
  IV-B planned expenditures for FFY 10 will be the similar to FFY 07 and FFY 08, and are as follows:
  - 38% on Family Preservation
  - 7% on Time Limited Reunification - Expenditures on Reunification represent contracted services. In addition, the CD provides many Family Reunification services are also provided by in-house staff and not included in this number. For Time Limited Reunification, Divisional Staff offer Family-Centered Services to families of children in our custody and provide contracted counseling services to those families.

Some or all of these activities could be claimed through IV-B funding. However, since the IV-B Subpart 2 grant is being fully claimed by the above activities, other funding sources are used.
  - 55% on Community Partnerships (Community Based Family Support/Adoption Promotion Activities). Community Partnerships provides multiple services in a community based model. The Community Partners Report and Results for 2008 are included as Attachments, J and K.   Also, regarding Adoption Promotion activities, the CD provides these services through several avenues that are funded through other sources than IV-B. The Division currently uses $705,000 non-IV-B funding for the recruitment, assessment, pre-service and in-service training for potential foster and adoptive families. This is in addition to adoption activities done by Community Partnerships and staff. The division has the equivalent of more than 95 FTE ($3.1 million in salaries) devoted to maintaining current adoption placements and developing new adoption placements. See Foster and Adoptive Recruitment in the Annual Permanency Section for more information.
  - Additionally, 105 FTE focus ($3.4 million in salaries) on developing foster and adoptive homes. Some or all of these activities could be claimed through IV-B funding. However, since the IV-B Subpart 2 grant is being fully claimed by the above activities, other funding sources are used.
  - CD estimated that $445,127 of IV-B funds would be spent on Administration and Management. This estimated amount will be approximately 8% of the actual grant amount of $5,564,082.   Actual expenditures will exceed this amount for Administration and Management.

3. **FFY 2010 Funding – Revised Budget Request**
    - The state will be seeking re-allotment for ETV funds in the amount of $925,460 and PSSF funds in the amount $10,940,801. Details are on the attached CFS-101 tagged re-allotment.

4. **FFY 2011 Budget Request – CFS 101 (see CFS 101 attachments)**
    - In FFY 08, the amount estimated for IV-B subpart 1 was $5,724,941. The amount expended was $5,724,941.
    - In FFY 08, $18,953,852 was spent on IV-B part 2 type activities. $7,193,471 was spent on Family Preservation, $1,379,348 on Family Reunification, and $10,381,033 on Community Partnerships which provide community-based family support and other services including adoption promotion and support services. Expenditures in excess of the grant are taken to other sources including state funds and other allowable federal sources. The above expenditures on Family Reunification are for contracted services only. In addition, to these services, CD staff provides Family Reunification services. The Division also contracts with private agencies to develop Adoptive and Foster family resources.
    - For IV-B part I, the amounts are similar
    - For IV-B part II, the expenditure amount represents the amounts claimed by area. Activities in these areas exceed 25% of the IV-B subpart 2 grant; however, not all of the activities are claimed against the IV-B subpart 2 funds. The amount set up in CFS 101 Parts 1 and 2 in FFY 08, were based on past assumptions that the activities in these areas exceed 25% of the grant, therefore it was appropriate to budget the grant funding in this manner. The amounts expended represent what was actually claimed against the grant. Beginning in FFY 07, these amounts were allocated according to expected expenditure levels.
    - The amount of Chafee grant funds expended in FFY 08 was $2,928,213, the total expenditures including the state match was $3,660,266.
    - The amount of Chafee grant funds expended in FFY 09, year to date, is $2,641,523 the total expenditures including the state match was $3,169,828.
    - In FFY 09 and FFY 10, the Children's Division expects to fully use this funding. For the FFY 09 grant, $40,226 was used for housing and maintenance payments for staff. FFY 10 expenditures will not be available until June 2010.
    - In FFY 09, 290 youth received an ETV Grant. In FFY 10, a total of 318 youth have received an ETV grant, 188 YTD for the first time in FFY 10.
    - The CD is in a partnership with a private agency, the Orphan Foundation of America to reach more children who need and qualify for the ETV grant. This is increasing the usage of the grant. The goal is to fully use the ETV grant to help more foster children go to college. Based on the maximum grant of $5,000 the goal is to reach 300 children who are in need of assistance.
    - For FFY 08, the amount of ETV grant expenditures was $1,112,750 (federal share of $890,200) and FFY 09, year to date, is $1,023,793 (federal share of $888,263).

5. **FFY 2008 Title IV-B Expenditure Report – CFS 101, Part III: (See attached CFS 101, Part III)**
    - In 1992, the total expenditures for Child Welfare programs were $63.8 million, of which $41.9 million was state funding. This funding included the appropriations for Children's Treatment Services, Family Preservation, Foster Care, Residential Treatment, and Group Homes/Independent Living. In SFY 08, total expenditures were $222.7 million, of which $132.1 million was state funding. The total amount spent for Family Preservation

in 1992 was $2.8 million, most of which was state funding. In SFY 08, the amount was $7.2 million. Approximately, 63% of the $7.2 million is taken to the IV-B grant ($4.5 million). The remaining $2.7 million is taken to other sources, primarily state funding. For Community Partnerships, there are no expenditures recorded in 1992. In 1993, Prototypes, which was a precursor to the Community Partnership Program, $152,671 of state funding was spent. For SFY 08, approximately $6.5 million of the Community Partnerships expenditures account against the IV-B grant. The remaining expenditures are funded from other sources. There are no expenditures in FFY 1992 for Family Reunification Contracts. The Division received authority for these contracts in FFY 05.

6. Financial Status Reports

- All SF 269s were filed in October 2008.

SUPERVISION ADVISORY COMMITTEE (SAC) STRATEGIC PLAN

Action Step	SAC Liaison	Benchmarks	Updates
Action Step 1			
1. THE NEW SEQUENCE FOR TRAINING FOR POLICY AND PRACTICE CHANGES. Change training practice to ensure that when introducing policy or practice changes: • The training is provided before the change is introduced. • The agency leadership, the field leadership,[1] and the supervisors are trained first, before frontline workers. Supervisors and workers are trained separately, with the supervisor training focusing on how to help frontline workers introduce and sustain the change.	Mindy Schneider Laura Foerster	Training is provided before change is introduced. The agency leadership, field leadership, and supervisors are trained before frontline workers. Supervisors and workers are trained separately.	**10/26/06** The training unit has incorporated the sequence when conducting training. However, training may also be managed by program staff or through train the trainer and the sequence may not be a consideration in these trainings. *Suggestion*: Explore how to assure the training sequence is used irrespective of the origin of the training. *Action*: Jim will introduce the sequence as a consideration in the upcoming FACES roll-out.

			02/27/07
			 Suggested was that policy be sent to supervisors and managers before general distribution. However, the logistics required – i.e., maintenance of separate distribution lists – was reported to be overwhelming. A ‟policy day" has been suggested as an alternative.
			
			 There are several approaches used in conducting training statewide and the capacity to train supervisors first is affected by the method used:
			
			     Contracted training: When training is contracted, the number of session and slots available in each session are limited and won't allow for differentiated training.
			
			     Training by training unit: Provision of training to supervisors first is and will remain an objective of the training unit.
			
			     Training by train the trainer: Many different units within the Department may train trainers to provide training which makes it difficult to consistently assure training of supervisors first.
			
			 In addition to that done a statewide basis, training may be developed at the regional or circuit level which also contributes to inconsistency in training supervisors first.
			
			 Suggestion: Administration consistently introduces consideration of training supervisors first – and stresses the benefits of doing so – whenever planning for training is occurring.

			05/24/07
			 Previously suggested was that policy be sent to supervisors and managers before general distribution. However, it was reported during the last meeting that the logistics required – i.e., maintenance of separate distribution lists – is overwhelming. Approaches were identified in conducting training statewide and the capacity to train supervisors first is affected by the method used:
			
			     Contracted training: When training is contracted, the number of session and slots available in each session are limited and won't allow for differentiated training.
			
			     Training by training unit: Provision of training to supervisors first is and will remain an objective

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[1] By "field leadership" is meant all field leaders above the Supervisor 1 level, including Regional Directors, Circuit Managers, and Children's Services Specialists (Clinical Specialists).

Last Updated 02/10/10

of the training unit.

Training by train the trainer: Many different units within the Department may train trainers to provide training which makes it difficult to consistently assure training of supervisors first.

In addition to that done a statewide basis, training may be developed at the regional or circuit level which
also contributes to inconsistency in training supervisors first.

A ―policy day" was, at that time, reported as one alternative that has been suggested.

Recommendation: Pursue ―policy day" if feasible.

Continuing Recommendation: Administration consistently introduces consideration of training supervisors first – and stresses the benefits of doing so – whenever planning for training is occurring.

08/23/07
Previously Reported: The capacity to train supervisors first is affected by the method used:
   Contracted training: When training is contracted, the number of session and slots available in each session are limited and won't allow for differentiated training.
   Training by training unit: Provision of training to supervisors first is and will remain an objective of the training unit.
   Training by train the trainer: Many different units within the Department may train trainers to provide training which makes it difficult to consistently assure training of supervisors first.

Continuing Recommendation: Administration consistently introduces consideration of training supervisors first – and stresses the benefits of doing so – whenever planning for training is occurring.

Previously Reported: Distribution of policy to supervisors and managers before general distribution was previously recommended; however, the logistics required – i.e., maintenance of separate distribution lists – is overwhelming. The communications work group formulated five recommendations relevant to policy including distribution of as much policy as possible on a particular date of each month.

Update: Jim Harrison has recently been assigned responsibility for consideration of these recommendations and reported that the time sensitive nature of some policy changes present an issue.

Recommendation: Continue exploring methods of policy distribution which address the unique needs of supervisors and managers.

03/13/08
Update : Workgroup members will go back locally and stress to trainers the importance of supervisors getting the training first.

08/07/08
Update: Reviewed current trainings:1) legal trng is now available, attendees are decided locally. 2) Older Youth Training – supervisors want to be trained with workers. 3) ICAWA training – all staff trained together. Continue to stress the importance of trying to get training out to supervisors first or at least the training materials. A supervision distribution list was discussed and will be worked on by workgroup members. Suggestion was made to post supervision workgroup meeting minutes on the Intranet. Recommendation was made for an annual report of workgroup activities.

			02/26/09 Policy: there used to be a policy review team, but that has faded away. Getting field input about policy is important, method varies. Recommend selected use of the CWSAC or, on a very limited basis, the Outlook sup distribution list for designated policy feedback, and sups should get feedback from line staff. There would need to be strict time limits on feedback. Training: there may be additional automated training.
			11/19/09 Recent memo was sent to supervisors a week ahead, and SAC found this helpful.
			2/10/10 Report that this is well liked and very helpful. Now to go to Program Mgrs and above first, then Sups.

Action Step 2

2. ADMINISTRATIVE SUPERVISION TRAINING. Implement the new BOSS training (40 hours) for NEW supervisors, and for CURRENT supervisors who didn't get the BOSS training, and ensure that future supervisors regularly receive this training.		All supervisors hired after January 1, 2003 have been trained. All supervisors hired before January 1, 2003 who want the BOSS training will have access to it. The training is offered on a regular basis for new, incoming supervisors.	**10/26/06** Quarterly BOSS training, open to all supervisors (experienced supervisors who have not had it as well as new supervisors), continues. The Human Resource Center routinely sends announcements when BOSS classes have been scheduled; in addition, the classes are listed on the Employee Learning Center and are accessible by all employees for review, registrations, and making and updating training plans. Recent classes have had openings up to the day before. *Suggestion*: Request that supervisors update their learning plans and that circuit managers check these plans.
			02/27/07 **THIS ACTION STEP HAS BEEN COMPLETED.** Participants on the work group report the BOSS training to be very good – small & interactive – and that trainees often maintain contact with one another.
			05/24/07 **THIS ACTION STEP HAS BEEN COMPLETED.** *Update*: BOSS training has been changed to 32 hours (sexual harassment portion is now provided separately).
			08/23/07 **THIS ACTION STEP HAS BEEN COMPLETED.**

Action Step 3

3. CLINICAL SUPERVISION TRAINING. Train agency leadership, field leadership, and supervisors in advanced clinical training, and ensure that future supervisors receive this training. (Note: At this time, it looks like this core clinical training will require two sessions of three days, for a total of six days.)	Cara Roberts	The curriculum has been adapted to focus on the agency leadership and the field leadership to help them support clinical supervision. A training schedule has been developed to train agency leadership, field leadership, and all current and new child welfare	**10/26/06** All Circuit/Program Managers and Regional Administration were trained between June and August, 2006. The first session for new supervisors began in July and was completed in August, 2006. Four additional sessions have been completed for both new and experienced supervisors. Sessions are scheduled for the remainder of the fiscal year with separate sessions for new and experienced supervisors. Agency and UMC representatives continue to meet (with the next meeting scheduled for 10/31/06) to discuss implementation of other components of the UMC project. Ideas gained from a national seminar held by the Quality Improvement for Child Protection will be considered. **02/27/07** The first target group for the clinical supervision training was Circuit/Program Managers and Regional

Note: At this time, we envision a one day orientation session for the agency leadership and field leadership, offered in several locations (regions).		supervisors. The agency leadership and the field leadership have been trained. Plans have been made to offer the training on a regular basis for new supervisors coming into the system. Plans made and implemented to train new, incoming agency and field leadership on a regular basis. All new and current supervisors have been trained. Plans are made to train incoming new supervisors on a regular basis. Supervisors receive advanced clinical supervision training on a regular basis throughout their careers as supervisors.	Administration (training competed in August, 2006). The second target group was newer supervisors and separate training sessions were planned for experienced supervisors. Presently, experienced supervisors are unsure as to whether or not they can access the current training, although sign-up can be done on-line. Work group participants report the training to be very good with one participant commenting ―clinical supervision training was awesome.‖ *Suggestion*: Make a system-wide announcement re: access to the training by experienced supervisors.

05/24/07
The first target group for the clinical supervision training was Circuit/Program Managers and Regional Administration (training competed in August, 2006). The second target group was newer supervisors and separate training sessions were planned for experienced supervisors. The majority of newer supervisors (18 months or less) have now been trained. Approximately 120 supervisors and specialists are left to train. Completion of training of remaining supervisors and specialists is anticipated by the end of the calendar year.

Participants relate that implementation of scheduled supervision directly impacts ―supervision on demand,‖ reducing the amount of time required for this, and that it's easier to implement scheduled supervision with new workers as they start on the job. Participants do not routinely see other supervisors, upon returning from training, changing their supervision practices. ―Learning circles‖ are viewed as needed to support this desired change.

Suggestion: Identify those who have not completed training and send individual (personalized) email notifying each of the training availability & schedule.

08/23/07
Previously Reported: Participants relate that implementation of scheduled supervision directly impacts ―supervision on demand,‖ reducing the amount of time required for this, and that it's easier to implement scheduled supervision with new workers as they start on the job. Participants do not routinely see other supervisors, upon returning from training, changing their supervision practices. ―Learning circles‖ are viewed as needed to support this desired change.

Update: At the last meeting, it was suggested that those who have not completed training be identified and provided notice of training availability. Managers have since been sent notice with individuals identified for attendance.

03/13/08
Training continues to be offered Marcia will follow up with the training unit to find out who is left to be trained and the percentage that has been trained.

08/07/08
Cindy Miller reported there are only a handful of existing supervisors remaining who need this training, then only newly hired supervisors will need it.
THIS ACTION STEP HAS BEEN COMPLETED for 2008.

**Reopened 2/10/2010

Cara Roberts will email supervisors to get feedback on OJT Guide and basic training, and supervisor group will compile info at the beginning of the next meeting to create a formal recommendation.

			5/12/10 OJT Review Tabled until August meeting, didn't have time
Action Step 4			
4. TRAINING ON USING DATA IN SUPERVISION. Train child welfare supervisors how to use data to analyze and improve frontline practice and achieve improved outcomes for children and families.	Marcie Randle Mindy Schneider Meliny Staysa	The curriculum has been developed. The agency leadership and the field leadership have been trained. Supervisors have been trained. Workers have been trained. Plans have been made to offer the training on a regular basis for new supervisors coming into the system. Plans have been made to offer the training on a regular basis for new workers coming into the system.	**10/26/06** The current data system can't provide data at the levels necessary so this action step is pending implementation of SACWIS (with capacity to pull data at unit, supervisor and worker levels). The use of SCRT data and single-shot initiatives (e.g., Northern PIP Rally) have provided a beginning focus on support of using data in supervision. *Suggestion*: If there is a supervisors' conference next year, include a presentation on use of data.
			02/27/07 The current data system can't provide data at the levels necessary so this action step is pending implementation of SACWIS (with capacity to pull data at unit, supervisor and worker levels). However, QI staff continue to look for opportunities to focus on and support using data, including results of the SCRTs. Data-driven decision making will be a presentation at a leadership conference later this year. *Suggestion*: Planning for a supervisors' conference should include a session on using data in supervision.
			05/24/07 Efforts on this Action Step are contingent upon SACWIS implementation. CPS was implemented in SACWIS last year. Implementation of case management in SACWIS is planned by August. Understanding the new CFSR data indicators will a priority. *Recommendation*: The supervisors' conference should include sessions on using data in supervision. Consider separate sessions for CPS and case management, each focusing on the practical benefits of using data in supervision. The NRCOI will, upon request, arrange for supervisors from another state to present on the value of using data in their day-to-day practice.
			08/23/07 *Previously Reported:* Efforts on this Action Step are contingent upon SACWIS implementation. CPS was implemented in SACWIS last year. Understanding the new CFSR data indicators will a priority. *Update*: Case management is being implemented in SACWIS. Use of data is a topic identified for one of three break-out sessions planned for the supervisors' conference.
			08/07/08 Update: There were three breakout sessions on this topic during supervisory Summit. Using data is on-going for new supervisors. SCRT training that is rolling out also covers this. Suggestion was made for phase 1 of SCRT training to be shortened, but expand the Excel training phase. Kudos were given to Betty Teal for a job well done. Specialists are going out to circuits to train on this. This action step is on-going.
			11/20/08 Update: Managed report now available on FACES.

			02/26/09
			Most circuits are using data in supervision. It is beneficial for circuits to have point people for Excel and other data programs, usually specialists. Use the Distribution List to identify folks who haven't completed SCRT and Excel training. Possibility of Intranet having a video for Excel training, which could be accessed at any time by sups and staff. Specialists are supposed to be working with new supervisors on SCRTs. If workers cannot see their own Visit Report on FACES, they should contact the Help Desk and investigate if this is an Office Worker Association issue.
			11/19/09 Data Dashboard is being developed which will bring outcome data drilled down to the worker level, same as how the state worker visit report is currently working. This should be developed around June 2010. All annual reports and pink books are now current and posted. Excel training power point should be posted to the CD Intranet after 2007 version is updated.
			2/10/10 Everyone now has version 2007 MS Excel. Committee will review the PP training and give feedback to Meliny Staysa. Also would like a cheat sheet for 2007 word. Susan Savage reported that Data Dashboard is planned to be rolled out by July 2010. Training will be available on how to use the Dashboard.
			5/12/10 Excel training will be posted very soon for employees and QA's can also help with Excel

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<td>5. SUPERVISION TRAINING CONFERENCE.
Provide an Annual Supervisors' conference where advanced training in best practice for clinical and administrative supervision is provided, including using data to supervise to achieve better outcomes.

Meeting was Jan 23 on budget. Should know more after that.</td>
<td>Loretta Rapp-Percy
Karen Womack
Glenda Wilcox</td>
<td>A work group develops overall plans for an annual supervision conference.

The first annual conference is launched.

The second annual conference is planned which incorporates the evaluation of the first conference</td>
<td>Still on hold.

<i>Suggestion</i>: Include in budget for next FY. Begin planning discussions (e.g., statewide, regional, etc.).

02/27/07
A supervisors' conference is not planned in FY07 and there are no new monies for it in FY08. However, the possibility of utilizing existing monies in FY08 will be explored.

<i>Action</i>: Gwen and Kelly (work group liaisons on this step) will begin work with Cindy Miller on conference planning.

05/24/07
A supervisors' conference is anticipated in the Spring, 2008, utilizing existing monies.

<i>Action</i>: The supervision work group expressed their desire to participate in planning for the supervisors' conference. Paula Neese and Bonnie designated the work group as the conference planning group (Gwen & Kelly co-leads for group) with the addition of another supervisor from each region and central office staff as needed. This group will:
   a) Participate in bi-weekly conference calls for planning – Lee will arrange for conference line for each one hour call, beginning June 7th and continuing on the 1st & 3rd Thursday of each month at 9a.
   b) Recommend content – Susan and Kelly will take the lead in developing a short survey of supervisors and specialists (electronically, possibly intranet) to solicit suggestions for content. Subjects will be clustered on the survey (while also providing an opportunity for</td>
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write-in suggestions). Initial themes identified include: use of data; COA; the next CFSR; and learning circles. The focus will be on what these mean to supervisors.

    c)   Suggest general logistics – Initial recommendations are for:

        a single conference rather than multiple (i.e., regional) conferences;

        inclusion of specialists & regional managers in addition to central office representatives; and

        a duration of two days.

Susan will share the agenda for the leadership conference as an example. Steve will provide Marcia with contacts in other states (NE & KS) which have held supervisors' conferences.

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08/23/07
Update: Since the last meeting, a planning group – including members of this workgroup, seven additional supervisors and an RD – have participated in bi-weekly conference calls for planning. A survey of topical areas was developed and distributed to supervisors and the response rate was over 50%. Three topics were thus identified for break-out sessions: use of data; worker retention; and the role of the supervisor in the community. Dates in late May, 2008, are being explored.

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03/13/08
Update: The summit will be held on 05/28/08 and 05/29/08 at the Capital Plaza Hotel in Jefferson City, MO

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08/07/08
Update: The group discussed having the summit every other year. **Everyone felt that the summit was a success.** It was decided if we are able to have the summit in two years then we need to start planning early. Susan Savage will recommend to Adminstration regarding budget aspect and suggested to group to begin thinking now about what will be needed for workgroups for the next conference. Supervisors to recommend facilitators.

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11/20/08
Update: Updated needed from CD Management on budget commitment for the Bi-Annual Supervisor Summit.

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02/26/09
Still no word on budget for 2010. One estimate of cost is $35,000.

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5/21/09
Would like clarification regarding the feasibility of having the Supervisory Summit for 2010.

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08/05/09
There will be no state-funded Summit next year.

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11/19/09
No change, still a recommendation.

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2/10/10
No change, still a recommendation. Research other funding sources such as professional development monetary reward recently received could be used, or pursue grants, PBC, faith based.

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5/12/10
Discussed possible funding sources for Supervisor Training Conferences
Some agencies were suggested that we could explore to potentially partner with for funding to provide training/conferences (eg. MJJA, Children's Trust fund, Mo Coalition of Children Caring Agencies, Hospitals such as Heartland, Lakeland, Center Point, college social work programs, COA funds, have IV-E students apply for grants in their class while learning)

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Action Step 6			
6. SUPERVISION OF SUPERVISOR 1s. Establish and implement a structure for the regular supervision of child welfare supervisor 1s. Individual supervision of supervisors will take place twice monthly and, in addition, there will be a monthly session of supervision of all supervisors in the unit. This supervision of supervisors will include their: • Administrative supervision of workers. • Clinical supervision of workers. Use of data with workers to improve practice and outcomes.	Loretta Rapp Percy Marcia Randle	Supervision of supervisors policy and practice guidelines have been established. Agency leadership, field leadership, and supervisors have been oriented. Regularly scheduled individual and unit supervision of supervisors has been initiated.	**10/26/06** Paula did another video conference in last month which included reminder of expectations for changes in supervision; however, not all managers viewed this. There are some indications that expectations may not being consistently met. *Suggestion*: Assess current status; i.e., frequency – if at all – and quality. Consider incorporating in standardized performance appraisals for circuit managers / program managers (see Action Step 18). *Action*: Jim will discuss with regional managers.
			02/27/07 Meetings of supervisors with their workers is being stressed. However, although a process has been put in place which includes review of supervision notes at the next level up, supervision of supervisors remains very inconsistent. *Action*: Upon the invitation by Paula, representatives from the work group will attend the next (March) meeting of the leadership team to present on the importance of this action step.
			05/24/07 Lisa participated in the Regional Directors' Conference Call on April 12th. Participants recognize the importance of the conferences with Supervisor 1s. There appears to be no consistent method being used to document the conferences. *Suggestion*: Paula Neese consider, during leadership conference, including emphasis on importance of regular supervision of supervisor 1s. *Recommendation*: Supervision of Supervisor 1s should include review of SCRT results and exploration of what these mean.
			08/23/07 *Update*: The work group met with the RDs for lunch and reiterated the importance of this Action Step. During the exit de-briefing, Paula committed to include this on her agenda during monthly individual conferences with the RDs. *Continuing Recommendation*: Supervision of Supervisor 1s should include review of SCRT results and exploration of what these mean.
			03/13/08 *Update:* A new tool was distributed and the workgroup likes the accountability of the new tool. Recommendation: The tool needs instructions for consistency of use across the state. A signature lines for workers need to be added. There were a couple of counties that did not receive the tool yet. Jim Harrison asked that we send him an example of what we would like to be added to the tool.
			08/07/08 Update: The tool has been distributed to everyone. Forms were developed regionally for supervision of supervisors by Circuit Managers. Supervision is still not consistently happening, still needs to be reinforced.

			02/26/09 Supervision is still inconsistent in some areas, and in others, has become data driven to the point of losing clinical focus in some instances. In other areas, supervision is regular and helpful.
			5/21/09 Review data regarding supervision from the Survey of Excellence. Recommendation: Field Support Managers develop a consistent method of reporting supervisory consultations to Regional Directors. Request clarification of COA guidelines regarding the frequency of supervisory consultations between supervisors and managers. Field Support Managers attend Clinical Supervision Training, if they have not already done so.
			08/05/09 Still needs clarification. COA guidelines – what do they say re: sup of sups, and if written documentation is required. Meliny Staysa will find out. Is the spreadsheet still required, to document when supervision occurs? Clinical Supervision Training: that may be offered to managers, pending budget approval. Is sup of sups a PerForm expectation for managers?
			11/19/09 COA has no standard for this. Continue to recommend that supervisors and circuits have clinical supervision training. Budget is impacting this currently.
			2/10/10 Continue to recommend that CM's receive clinical supervision training.

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Action Step 7

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7. CONTINUOUS DEVELOPMENT OF CLINICAL, ADMINISTRATIVE, AND DATA USE SKILLS IN CHILD WELFARE SUPERVISION. Establish and maintain a regularly scheduled peer-to-peer supervision consultation system (Learning Circles) in all jurisdictions of Missouri that supports supervisors in the continuous improvement of their clinical, administrative, and data use supervisory skills so that these become the regular agenda for child welfare supervision in Missouri. (Dr. Bertram—Kansas City South office –Accreditation issues)	Cindy Miller	How and where Learning Circle groups have been determined for all Circuits and Regions. (Could be tied in to CQI process) Learning Circles policy and practice guidelines have been established. Learning Circle facilitators have been identified and trained. Agency leadership, field leadership, and supervisors have been oriented. Learning Circles have been initiated. 360 evaluation has begun.	10/26/06 Recent conference included presentation on learning circles (Lissa has materials). *Suggestion*: Do not implement learning circles until all supervisors have received clinical supervision training. However, go ahead and assign a work group with Virginia as lead and including Stacy, Marcia and Lissa as well as representatives from Northern and Southern Regions.
			02/27/07 Suggested at the last work group meeting was that learning circles not be implemented until all supervisors have received clinical supervision training. *Action*: Marcia, Lissa and Paula (liaisons) will begin working with Virginia on planning for development of learning circles. *Action*: Marcia will get and send to Paula data on how many supervisors have completed the training. *Subsequent Update*: Bonnie Washeck is visiting Mississippi and working with other groups on how training is provided to supervisors. Planning between the supervision work group and Bonnie will be coordinated.
			05/24/07 Bonnie has visited Mississippi to learn about efforts in that state. The work group identified several key issues to be addressed in developing the system for consultation: (a) logistics for rural areas; (b) identification of facilitators (i.e., roles and required characteristics); and (c) voluntary vs. required participation. *Recommendation*: Marcia, Lissa, & Paula (and other supervisors as necessary to assure supervisory

			representation from every region) participate in the planning group chaired by Bonnie. *Request*: The supervision work group would like to hear the initial plan during it August meeting. *Recommendation*: Participation in the peer-to-peer consultation be credited as in-service training, including meeting management training requirements.
			08/23/07 *Previously Reported:* The work group identified several key issues to be addressed in developing the system for consultation: (a) logistics for rural areas; (b) identification of facilitators (i.e., roles and required characteristics); and (c) voluntary vs. required participation. *Update*: Learning labs, based upon the MS model, were approved this month. They will be part of clinical supervision training and include a core curriculum with allowance for variance across regions. Clinical consultation will be provided by the University of Kentucky by contract. *Continuing Recommendation*: Members of the supervision work group be included in the group designing learning labs. *Continuing Recommendation*: Training credit for participation in the learning labs meet management training requirements.
			03/13/08 *Update:* A proposal was submitted to Bonnie Washeck regarding the Learning Labs. This will be discussed at the summit.
			08/07/08 Learning Labs for Supervisors (peer support and professional input) – due date was 7/25 on final contractor. It's moving forward.
			11/20.08 First 3 Regions have begun on 360. Look at trends with 360. Dr. Sundet will advise Committee regarding findings of 360 when available.
			02/26/09 There are adjustments being made to the contract to do the Learning Labs. The budget is not yet set. 360 Evaluation results are not yet available.
			08/05/09 The contract is still pending, but there is movement, in getting the Learning Labs.
			11/19/09 Learning Lab contract has been awarded, and learning labs will begin again. Paula Neese will be designating the initial topics. Groups of supervisors will meet each quarter within their area each quarter, to address learning needs, networking needs, and to support consultation. Memo is forthcoming.
			2/20/10 Learning labs are being scheduled

			5/12/10 First learning labs were held and discussion was held at this meeting: Discussed frustration over not getting MTR hours and how the pre-test/post-test felt punitive and changed focused to studying for the test. Another comment was that the training would have been more beneficial to workers than supervisors. Trainers and participants seemed frustrated with the material and participants felt they didn't really learn anything new and that the activities did not provide clarity on the issues of safety as it appeared to be subjective. What would have made it more beneficial: MTR hours should be given, and an explanation of what the purpose of a learning lab is so there is understanding on what to expect. One idea is perhaps more small group work mixed up with different counties in each group to provide learning and networking opportunities. Need clarification of purpose of the testing and is it to see how competent the supervisors are. Another suggestion is that the trainers should have a connection to the division and understand/know policy. Anonymous testing was also suggested. Cindy Miller informed of the Framework for Safety training that's coming for supervisors. It is a 4 hour training.
— **Action Step 8**			

Action Step 8

8. REDUCTION IN NON-SUPERVISORY TASKS TO INCREASE TIME FOR CLINICAL AND ADMINISTRATIVE SUPERVISION. Reduce the number of non-supervisory tasks and the time spent completing them so that supervisors have more time for clinical and administrative supervision. Establish and achieve goals for increasing the amount of time supervisors provide clinical supervision to their workers. Include expectation of regularly scheduled supervisor-worker conferences.	Mindy Schneider Cindy Miller	A statewide child welfare supervisors time and activity study has been completed. The results have been analyzed and reviewed by the leadership and supervisors. Short-, medium-, and long-term supervisory goals have been established, together with a plan for reducing non-essential tasks for supervisors. Plans are in place to repeat the time and activity study annually and to use the results to continue to improve supervision. Family Support Division has a timestudy Random Moment Time Study.	**10/26/06** During Paula's last video conference, a question was asked as to whether there has been any study of supervisory time and tasks. Paula referenced the attempted time and activities study. *Suggestion*: Pursue developing the capacity to conduct time and activities study annually (starting 3rd quarter 07) and using results to modify / clarify Action Step 17 (consistent expectations and job descriptions). **02/27/07** While use of a time and activities study continues to receive support, the question of how to assure participation continues to be debated. Paula suggested that perhaps any memo(s) on the study be from the work group with her signature. *Suggestion*: Develop a plan to conduct the time and activities study in September. *Action*: Joe will send the supervisor's time and activities log to the new work group members. **05/24/07** Approaches to adopting the supervisory time and activities log were discussed. *Recommendation*: (1) Make completion of the time and activities log part of OJT assignment under clinical supervision training with (2) presentation of results at supervisory conference (including analysis of results by new vs. experience supervisors). Internalize capacity to conduct a time and activities study and analyze results, using intranet (to conduct) and exploration of UM doing analysis. *Action*: Cindy will coordinate with Lisa to identify needs (e.g., intranet development) and potential resources to address the identified needs. **08/23/07** *Continuing Recommendation*: (1) Make completion of the time and activities log part of OJT assignment under clinical supervision training with (2) presentation of results at supervisory conference (including analysis of results by new vs. experience supervisors). Internalize capacity to conduct a time and activities study and analyze results, using intranet (to conduct) and exploration of

			UM doing analysis.
			Action: Cindy will coordinate with Lisa to identify needs (e.g., intranet development) and potential resources to address the identified needs.
			03/13/08 *Update:* What exactly do we need to do with ITSD to get this completed? Jim Harrison suggested getting a 3-way call with him and Cindy Miller to review this.
			08/07/08 No movement on this goal for awhile now. Discussed time study to look at planned versus unplanned activity. Discussed past time-study for supervisors, and it's limited participation due to it being a voluntary activity. A time-study has been developed for workers. *Table this discussion for next meeting.*
			11/20/08 Update: Timestudy for supervisors discussed. Discussed feasibility of doing random time study to gain more participation and other barriers related to successful completion of time study. Needs further discussion. Committee felt timestudy for supervisors would be beneficial.
			08/05/09 Planning to send a survey on this subject to supervisors distributed through the supervisor distribution list. Recommend that supervisors identify top 5 non-supervisory tasks they perform. SAC will gather survey results. These will be presented to administration. What can Office Support Staff do to assist? If they have time, is there more that they can do. Discussed that some OSA's are restricted from helping even when they have ―free" time. Recommend CS Specialists assist with supervisory tasks when available.
			11/19/09 Survey regarding non-supervisory tasks was completed at sub-area meeting. Some duties should be delegated to clerical or specialists. Recommendation was made for a full time person hired exclusively to redact information from case records, as this is a big time issue for supervisors. Paula Neese will discuss issue of clerical being available with the FSD Director. CS specialists are available to assist, as directed by Regional Managers.
			2/10/10 Explored other possible solutions since there are budget issues with hiring someone to redact such as: calling requestor of the file to see what they really want/need from the file so perhaps the whole file doesn't need to be redacted. Also suggested to look at whether workers could redact and sups review or that specialists could assist.
Action Step 9				
9. SUPPORT FOR SUPERVISOR EDUCATIONAL ADVANCEMENT. Maintain and enhance the support for child welfare supervisors who			**10/26/06** Staff have applied and are currently getting their acceptance letters for the new program *Suggestions*: (1) Relevant to staff involvement in the MSW program on their own, explore potential additional

			supports, possibly through data captured by UMC or a survey of these staff. (2) In conjunction with the exploration of supports of licensure (e.g., clinical supervision), consider supports for continued licensure (e.g., addressing cost and time related to required continued CEUs).
want to achieve educational and practice advancement.			
			02/27/07 There are now 40 agency-paid slots in the MSW program with classes offered at several sites. The possibility of providing satellite classes is being explored. There is some confusion over (a) the time allowances (travel, study, etc.) and (b) provision of licensing supervision during work time. *Suggestion*: Make a system-wide announcement clarifying, for both agency-sponsored and independent attendance of the MSW program, (a) the time allowances and (b) provisions for licensing supervision – both initial and on-going – during work time.
			05/24/07 As suggested in the last meeting, a system-wide announcement was made clarifying, for both agency-sponsored and independent attendance of the MSW program, (a) the time allowances and (b) provisions for licensing supervision – both initial and on-going – during work time. Participants reported that the memos that went out made everything clear: both (a) time allowances and (b) licensure support. *Update*: There is a new part-time program on campus in Columbia.
			08/23/07 **THIS ACTION STEP HAS BEEN COMPLETED.**

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Action Step 10

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10. CHILD WELFARE CAREER LADDER FOR WORKERS and SUPERVISORS.. Establish, use, and promote a child welfare career ladder so that the Children's Division is ensured of ongoing, excellent leadership in the future.			**10/26/06** Final plan suggests work beginning July 07 with plan developed and implemented by July 08. *Suggestion*: Consider who will participate in work group.
			02/27/07 There is a study underway which includes comparison of salary levels with other states. This action step is on hold pending this and other relevant activities.
			05/24/07 *Update*: Paula Neese reported that a request will be submitted next month to the personnel advisory board for increases for both the worker and supervisor classifications.
			08/23/07 Paula continues to pursue pay increases for both supervisors and workers.
			03/13/08 Personnel advisory board declined the request for pay increases but this is still a goal and Paula Neese continues to pursue it.
			08/07/08 Paula reported that a request has been submitted to the personnel advisory board for increases for both the worker and supervisor classifications.
			02/26/09 There is mixed support for the recommendation to reposition supervisors to the same grid location as specialists. Plan to gather information about the pros and cons of this issue and compare the job descriptions. The recommendation this year also includes a plan to reposition CSW1s and CSW2s.

			11/19/09 No change
			2/10/10 No change
**Action Step 11**		
11. CHILD WELFARE SUPERVISOR COMPENSATION. Establish a plan to be accomplished in the mid-range future so that Missouri's child welfare supervisors are compensated at a rate that is equitable for their level and recognizes their critical role in the Division's achievement of outstanding child and family outcomes.			**10/26/06** The request to reposition supervisors has been approved by the Personnel Advisory Board for one step only and is in the budget recommendation book. The next step is inclusion in the Governor's book in January. A request for an additional step will probably be made step next year.
			02/27/07 A step increase for supervisors has been included in the Governor's book for the FY08 budget.
			05/24/07 *Update*: A step increase for supervisors has been passed by the legislature. Another increase next year is proposed (see Action Step 10).
			08/23/07 *Previously Reported:* A step increase for supervisors has been passed by the legislature.
			03/13/08 Personnel advisory board declined the request for pay increases but this is still a goal and Paula Neese continues to pursue it.
			08/07/08 Paula reported that a request has been submitted to the personnel advisory board for increases for both the worker and supervisor classifications.
			02/26/09 The recommendation this year is positive for pay increases for supervisors and workers. However, the budget is tight.
			11/19/09 No change
			2/10/10 No change
			5/12 No change
**Action Step 12**		
12. IMPLEMENT A SUPERVISORS' CASE REVIEW PROCESS. *Issue:* A key finding of the CFSR was that the Children's Division was inconsistent in assessing and addressing the needs and services of the child, parents and/or foster parents. A key emphasis of Missouri's PIP is improving	Meliny Staysa Marcie Randle Mindy Schneider	SCR instrument is finalized. Process (including case selection, automated rating and reporting) is developed. All current supervisors are trained and the training is incorporated in new supervisor training.	**10/26/06** The completion rate is improving. The first composite reports (results by region) were just distributed. These results differ from peer record review results and are more in line with other sources. An issue remains with how to address clients served by contractors. *Suggestion*: Explore how to apply the case review to clients served by contractors.
			02/27/07 A review of the SCRT – in light of the new CFSR on-site review tool – is underway and will be completed in April. While completion of assigned reviews varies widely across the state, the completion rate is currently 72%. Consistency in interpreting and answering the questions remains a

assessment tools, skills and practice. The SCRP is the 3rd of 3 steps in the PIP to address this issue: (S2.3.1) Improve family assessment and case plan tools; (S2.3.2.) Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment; and (S2.3.3) Improve supervisory capacity to monitor enhanced practice relating to case planning. ----------------------------- *Issue:* Expectations relevant to other supervisory reviews are unclear.		Process (including case selection, application, and submission and reporting of results) is implemented. All requirements for supervisory reviews are clearly articulated. Expectations relevant to supervisory reviews are clearly articulated. Expectations for all supervisory reviews included in the definition and expectations of supervision, new clinical supervision training, and performance appraisals.	concern. For numerous reasons, there are large differences in the results of the SCRs and those of peer reviews. The value of SCRs in promoting the ―big picture‖ – i.e., improving practice, not just gathering numbers – should be promoted (as one work group participant commented, ―it brings more social work back into the case – not just compliance.‖). The potential benefit of a supervisors' conference, where these observations could be shared, was acknowledged. There is confusion as to whether or not a worker can participate in a review. Application of the review process in contracted services remains an issue. *Suggestion*: Make a system-wide announcement extolling the benefits (e.g., learning opportunity, increased accuracy of results, etc.) of worker participation in SCRs. *Suggestion*: Paula suggested exploring the use of already-occurring meetings of supervisors at levels below statewide (i.e., a ―road show‖).
			05/24/07 St. Louis & SW have demonstrated increases in completion rate following additional training. As suggested in the last meeting, clarification of an support for worker participation in the SCRs was made via a ―tip sheet.‖ *Recommendation*: Include a presentation at supervisors' conference with a focus on the value of SCRs in promoting the ―big picture‖ – i.e., improving practice, not just gathering numbers. *Recommendation*: Completion of SCRs should be included in any revision to the roles / expectations for supervisor.. *Recommendation*: Supervision of Supervisor 1s (see Action Ste 6) should include review of what SCRs results mean to supervision.
			08/23/07 *Update*: A presentation at supervisors' conference was recommended with a focus on the value of SCRs in promoting the ―big picture‖ – i.e., improving practice, not just gathering numbers. Current plans are for – in lieu of a distinct break-out – inclusion of the SCRs in two of the three planned break-out sessions: data and worker retention. *Continuing Recommendation*: Completion of SCRs should be included in any revision to the roles / expectations for supervisor. *Continuing Recommendation*: Supervision of Supervisor 1s (see Action Ste 6) should include review of what SCRs results mean to supervision.
			03/13/08 *Update:* Implement statewide rollout of SCRT training. Expect the training to start by the end of April 2008.
			08/07/08 Update: SCRT training has started statewide. Feedback was given on the training.

			02/26/09 There will be an effort to identify staff who have not completed the SCRT training. There is a plan to revamp and automate the current SCRT and Peer Record Review tools and volunteers were identified for this process. They will seek input from supervisors throughout the state. Current suggestions: FCS pulled by household, not child. Separate ICPC cases.
			08/05/09 Group conducted a review of the revised draft SCRT AC tool and some revisions were made. SCRT revisions will be reviewed again with policy additions by supervisor committee and SCRT workgroup. COA compliance (new standards) will be reviewed as well. Frequency—Recommendation to look at less frequently i.e. quarterly or bi-monthly. Recommended that if case has been transferred to a new worker, allow 60 days to lapse before pulled again for SCRT. Are there barriers to COA record reviews pulling cases out of PRR and SCRT lists? This would reduce the amount of cases pulled and yet remain random. Recommend that the ―why‖ of SCRT review be included in the memo that is coming out to accompany SCRT form revisions. Discussed the intention of the review process and that it would be helpful to include in the new memo.
			11/19/09 SCRT revisions are pending. The CA/N SCRT process is currently being reviewed to explore an alternative.
			2/10/10 Revisions are proceeding. Drafts will be sent to the committee. Recommending that January SCRT's be deleted, pushed to another month, or made due on a later date due to Perform evaluations being due during the same month.

Action Step 13

13. DEFINE THE ROLE OF SUPERVISOR IN MAKING FST MEETINGS PRODUCTIVE. *Issue*: The most productive role of a supervisor in the FST meeting process needs to be determined. Some supervisors believe they are required to attend all FST meetings. This expectation is inconsistent.		Expectations for supervisors' attendance at FST meetings are clarified. Supervisors' role in FST process is defined and communicated and included in clinical supervision training.	10/26/06 Discussions with Kathryn Sapp continue. Kathryn has completed a review of policy and memorandums regarding the supervisory role in the FST. Work on clarifying policy will begin. The goal is to provide guidelines for when a supervisor would need to attend a FST and their role within the meeting. Possible clarification around this could include considerations a supervisor would want to make in deciding to attend the FST, such as: is this a volatile situation; is this a new worker and the supervisor is needed for modeling and guidance; is the worker requesting the supervisor attend; is the team requesting attendance; does the supervisor need to be present to approve services; etc. Central Office is reluctant to place a number around the percentage of meetings that should be attended. They want the supervisor to maintain flexibility in those decisions. The needed attendance of the supervisor could vary based upon the experience of their assigned employees. A supervisor with new staff may need to attend more frequently vs. a supervisory unit with experienced staff who are skilled in conducting meetings. A goal of clinical supervision is for the supervisor to work with staff in order for the staff to gain self sufficiency to facilitate meetings and work within the team on their own.

			Discussion and clarification around this may need to take place with administrative/management staff regarding concerns of mandating that supervisors attend all FSTs. *Action*: Input should be provided (via email) to Cindy Miller regarding questions and concerns so that these can be shared with Kathryn Sapp.
			02/27/07 A memo clarifying expectations was recently (February 1st) distributed. **THIS ACTION STEP HAS BEEN COMPLETED.**
			05/24/07 **THIS ACTION STEP HAS BEEN COMPLETED.**
			08/23/07 **THIS ACTION STEP HAS BEEN COMPLETED.**

Action Step 14			
14. PROVIDE LOCAL OFFICE BUDGET INFORMATION ON CTS CONTRACTS IN A TIMELY MANNER. *Issue*: Local contract budgets have been reduced; amounts are unknown for several months after beginning of fiscal year and subject to change, making management difficult.		Counties will have a general understanding of budget cuts or increases before they are given their actual budget. Counties will be given their budget for each new fiscal year as soon as the information is available.	**10/26/06** This information is now being provided routinely and timely. **02/27/07** **THIS ACTION STEP HAS BEEN COMPLETED.** **05/24/07** **THIS ACTION STEP HAS BEEN COMPLETED.** **08/23/07** **THIS ACTION STEP HAS BEEN COMPLETED.**

Action Step 15			
15. IMPROVE ACCESS TO LEGAL CONSULTATION *Issue*: Access to knowledgeable legal services, including both general and case-specific consultation, affects achievement of numerous goals cited in the PIP (e.g., timely TPR).		Needs of supervisors relevant to legal consultation and services are identified. Strategies to improve access to legal consultation are identified and adopted Training of supervisors includes case-related legal issues and proceedings.	**10/26/06** Although Jim assumed lead on this with Gwen as liaison, priority is being given to activities necessary to address a recent court ruling. **02/27/07** This action step is on hold while priority is being given to activities necessary to address a recent court ruling. **05/24/07** *Update*: Access to legal consultation is no longer being reported as an issue. **This Action Step has been deleted.** *Suggestion*: Consider inclusion of interactive workshop at supervisors' conference (provide info on available legal assistance and get info on needs of supervisors for legal assistance). **08/23/07** **This Action Step has been voided.**

Action Step 16			
16. MONITORING OF AND PROBLEM SOLVING IN IMPLEMENTATION OF THE SUPERVISION STRATEGIC PLAN.	Supervisor Workgroup	Quarterly meetings occur during which implementation issues are identified and plans enacted for their resolution.	On-going.

Action Step 17			
17. CONSISTENT		Information gathered.	**10/26/06**

EXPECTATIONS AND JOB DESCRIPTION FOR SUPERVISORS STATEWIDE. Have consistent expectations of supervisors, including an updated job description. Note: The Children's Division may want to consider establishing consistent expectations and job descriptions for the Clinical Specialists statewide, as well.		Recommendations developed. Job description approved and utilized.	These have been issued for supervisors. *Suggestion*: Develop consistent expectations and job description for circuit managers / program managers.
			02/27/07 **THIS ACTION STEP HAS BEEN COMPLETED.** *Suggestion*: If expectations and job descriptions of circuit/program managers are developed/updated, include reference to supervision of supervisors (Action Step #6).
			05/24/07 **THIS ACTION STEP HAS BEEN COMPLETED.** *Suggestion*: If expectations and job descriptions of circuit/program managers are developed/updated, include reference to supervision of supervisors (Action Step #6). *Recommendation*: Any revisions to supervisors' job expectations should include SCRs (see Action Step 12).
			08/23/07 **THIS ACTION STEP HAS BEEN COMPLETED.**

Action Step 18

18. CONSISTENT PERFORMANCE APPRAISALS FOR SUPERVISORS STATEWIDE. Have a standardized performance appraisal for supervisors.		Recommendations developed. Recommendations approved. New performance appraisals implemented.	**10/26/06** These have been issued for supervisors. *Suggestion*: Develop consistent performance appraisals for circuit managers / program managers.
			02/27/07 A standardized format for performance appraisals has been distributed. While skills should remain the same, this template for uniform expectations may allow for refinement through mutual agreement; there is some concern that resultant ―attachments" may undermine uniformity. *Suggestion*: If performance appraisals of circuit/program managers are developed/updated, include reference to supervision of supervisors (Action Step #6). *Action*: Work group participants will funnel any examples of specific issues that they hear of to Karen Anderson (liaison) for discussion with Susan and Lee prior to the next work group meeting.
			05/24/07 *Suggestion*: If performance appraisals of circuit/program managers are developed/updated, include reference to supervision of supervisors (Action Step #6). *Recommendation*: Any revisions to supervisors' performance appraisals should include SCRs (see Action Step 12).
			08/23/07 **THIS ACTION STEP HAS BEEN COMPLETED.**

Action Step 19

19. CONSISTENT WAY TO COUNT CASES. Develop a consistent way to count cases and non-case but court-		Agreement reached. Instructions developed and distributed.	**10/26/06** During the last review of the plan (07/06), questions were raised regarding how well the current formula – and its application – is understood. It is believed that Pat has offered to present this information at circuit managers meetings.

related activities across the state. Make distinction between caseload vs. caseload activity vs workload.		Supervisors and managers trained. Reports developed and distributed.	**02/27/07** Confusion remains as to how the need for FTEs is determined. *Action*: Paula will send out written information on how the allocation of FTEs is determined. *Action*: Steve will send out an example of considerations in assigning cases at the supervisor level.
			05/24/07 *Update*: The methodology for allocating FTEs has been clarified. **THIS ACTION STEP HAS BEEN COMPLETED.**
			08/23/07 **THIS ACTION STEP HAS BEEN COMPLETED.**

<table>
<tr><td colspan="4" align="center">Action Step 20</td></tr>
<tr>
<td>20. UNIVERSAL SUPERVISOR-WORKER RATIO.
Achieve a universal supervisor-worker ratio of 1-7(max) within 4 years, in accordance with accreditation caseload standards. Be sure to address supervisors with other job functions.</td>
<td></td>
<td>Work group formed.

Plan developed.

Plan partially implemented.

Plan funded.

Plan fully implemented.</td>
<td>10/26/06
As each circuit goes through accreditation, COA standards are being applied, including 1/7 ratio (max).</td>
</tr>
<tr><td></td><td></td><td></td><td>02/27/07
The accreditation process continues with the ratio being applied</td></tr>
<tr><td></td><td></td><td></td><td>05/24/07
The accreditation process continues with the ratio being applied.</td></tr>
<tr><td></td><td></td><td></td><td>08/23/07
Previously Reported: The accreditation process continues with the ratio being applied.</td></tr>
<tr><td></td><td></td><td></td><td>03/13/08
On-going</td></tr>
<tr><td></td><td></td><td></td><td>08/07/08
THIS ACTION STEP HAS BEEN COMPLETED.</td></tr>
</table>

<table>
<tr><td colspan="4" align="center">Action Step 21</td></tr>
<tr>
<td>21. ACHIEVE CONSISTENCY IN CORRECTIVE DISCIPLINE ACTIONS STATEWIDE.
Achieve more consistency in corrective discipline actions throughout the state.

Cross-references: Supervisor Training #2 & #3</td>
<td>Karen Womack</td>
<td>Training revised.

Mandatory training implemented.

Centralized control established.</td>
<td>10/26/06
Training is occurring now to be completed by 03/07.

Suggestion: Set an expectation for completion by new supervisors (i.e., completion within __ months) and determine method(s) for on-going training (e.g., incorporating into BOSS or use of on-line training).</td>
</tr>
<tr><td></td><td></td><td></td><td>02/27/07
Training is currently occurring, to be completed next month (March, 1007).

Suggestion: Set an expectation for completion by new supervisors (i.e., completion within __ months) and determine method(s) for on-going training (e.g., incorporating into BOSS or use of on-line training).</td></tr>
<tr><td></td><td></td><td></td><td>05/24/07
Update: Corrective discipline training has been incorporated into BOSS and is now routinely provided to new supervisors.

THIS ACTION STEP HAS BEEN COMPLETED (on-going).</td></tr>
<tr><td></td><td></td><td></td><td>08/23/07
THIS ACTION STEP HAS BEEN COMPLETED
(on-going).</td></tr>
</table>

			02/26/09 The group discussed a need to re-open this action step. Inconsistent use of discipline both across and within circuits is a concern that can result in personnel grievances and that complicates supervision of staff.
			11/19/09 Feedback was given from CD mgmt that this is at the discretion of the regional managers.
			2/10/10 **Resolved**

Action Step 22			
22. PROVIDE DATA AT THE UNIT AND WORKER LEVEL. Provide supervisors regular, real time data by units, workers. Cross-reference #4			*(Refer to Action Step 4)*

Action Step 23			
23. IMPROVE COMMUNICATION WITHIN THE DIVISION. Improve communication from Central Office to the Field.	Cara Roberts Susan Roetman Valerie Williams	Work group formed. Recommendations developed. New communication strategy implemented.	**10/26/06** The first meeting of the work group was held 09/06 (minutes attached).
			02/27/07 Communications Workgroup issued recommendations; however, there is no process for monitoring implementation. *Action*: Cindy and Karen will monitor follow-through on recommendations of the communications work group with input from other participants on the supervision work group.
			05/24/07 Communications Workgroup issued recommendations; however, there is no process for monitoring implementation. *Action*: Steve will distribute the communications work group report. Karen & Joe will develop and conduct a survey of work group members to determine consistency in implementation of the recommendations across the state; results will be reviewed at the next work group meeting.
			08/23/07 *Previously Reported*: The Communications Workgroup issued recommendations; however, there is no process for monitoring implementation. *Update*: A survey of the supervision work group members was conducted to determine consistency in implementation of the recommendations across the state; however, the response rate was low. During the de-briefing, Paula and Jim reported having reviewed the workgroups suggestions and reported their planned actions.
			03/13/08 *Update:* After the summit this needs action step needs to be addressed. A sub group needs to be formed.
			08/07/08 Update: Recommendations: 1) Creation of statewide supervior distribution list; 2) CQI Quarterly "In Focus" Newsletter to highlight new policiesl; 3) Training on CQI; 4) Who does what" contact list for Central Office. Add E-mail and phone numbers. Consider adding to Intranet when it's redesigned; 5) Sharing Executive Team and Management Meeting notes, or be briefed as appropriate when possible. Unit meetings should be held after Executive

				Team meetings; 6) Utilize the CQI process to get information flowing; 7) Fully utilize collaborative training opportunities: VTC's, Cluster meetings of all supervisors, learning labs, OSCA, FCI/JCIP committee (noted that $3,000 is available per circuit for FCI/JCIP sites). Cindy Miller discussed OJT guides for workers and supervisors: undergoing revisions. Expectations of supervisor for OJT email will be sent out. Suggested Developing a handbook for supervisors. *Tabled for discussion at next meeting.*
				11/20/08 Update: Minutes being posted to CD Intranet. Including standing parapgraph in ―In Focus" newsletter. Committee members would attend local management meetings and provide updates regarding Committee activities. Stephanie Roettgen will send a list of contacts for each CD program area,.
				02/26/09 These minutes will be posted to the intranet, after they have been approved by the committee. That has not happened yet, but is again identified as a needed step. This group also needs to identify an In Focus newsletter idea. The supervisor distribution list on Outlook is a new development. We might need to do some type of introduction of this, including parameters of its use so that it is not over- or under-utilized.
				5/21/09 Recommendation: Supervisor Advisory Outlook distribution list to be utilized to receive information sent out to Regional Director's/ Program Managers/ Circuit Managers. Suggestions for distribution lists; Supervisory Case Review Tools, Peer Record Reviews, Who's Who in Jefferson City contact listing, and possible In Focus Newsletter topics. Add an agenda item at the next Executive Team Meeting.

			08/05/09 **Various State Workgroups:** Workgroups should be posted on the intranet Include the purpose, membership and point person for suggestions, minutes **Utilize Supervision Distribution List and website** SCRT listing to Supervisors by 15th of month sent directly to Supervision Distribution List PRR listing to Supervisors by 30 days prior to month of review sent directly to Supervision Distribution List Media Releases—discussion of a link on the CD website (to the DSS media link) as a possibility instead of email **Communication of Policy, Procedure and Practice** Key points communicated from Executive and Regional level staff meetings uniformly and timely to supervisors Explained reasoning behind changes, i.e. connected to federal funding. **Increase Communication Services (Mobility project?)** Provide option for texting out non-emergency CA/Ns (worker page in FACES could utilize existing fields, zero cost for workers who want text on their own phones) Provide option for texting on work cell phones to reach families, law enforcement, court, etc. Susan Roetman will collect benefits to texting and create a brief report, SAC will approve and send out to administration.
			11/19/09 Discussed posting workgroup information to the CD Intranet with Paula Neese. SCRT and PRR listings are now being distributed through the supervisor distribution listing. Paula Neese advised group link on CD intranet can be added to link to the DSS press releases. Paula provided update from Regional Directors regarding the regional processes for distributing information following meetings. SAC Recommends that Paula continue to email information to all staff to keep them informed to the fullest extent possible. For example, Paula discussed critical issues such as challenges with FACES, budgets, staffing, etc.
			2/10/10 Still need link on CD intranet to DSS press releases.
Action Step 24			
24. IMPROVE COMMUNICATION IN THE FIELD. Address communication issues within the field—region to region, among circuits, emails within case records, etc.	Cara Roberts Susan Roetman Valerie Williams	Work group formed. Recommendations developed. Recommendations implemented.	02/26/09 Table for next time. Some suggestions: can staff suggest info for the new Intranet Regional Sections? Can Manager Rosters be posted – not just organizational charts? Regional Directors are the gatekeepers for the Regional sites.
			5/21/09 Update/utilize regional websites to include directory of Regional Director's for each circuit/county. Regional Directors were asked to include CQI officers on regional websites.

			08/05/09 Also needed on the Regional Intranet links: who to contact for courtesies, service workers, transfers.
			11/19/09 Regional Internet Links have been added to the CD Intranet.
			2/10/10 No change today, but keeping open
			2/10/10 No change today, but keeping open
Action Step 25			
25. CLARIFY ROLES AND RESPONSIBILITIES REGARDING COMMUNITY INTERACTION UNDER NEW FIELD STRUCTURE. Roles and responsibilities of regional managers, circuit managers, and supervisors should be clarified.		Work group meets. Proposed guidelines developed. Guidelines finalized. Expectations included in performance appraisal.	10/26/06 A plan was developed by Doris (attached). *Suggestion*: Paula reviews the plan with Regional Managers and establishes expectations.
			02/27/07 A plan was developed by Doris. Discussion of roles and responsibilities has occurred in meeting so circuit managers who generally view this as their role with, in larger counties, assistance of program managers and supervisors. *Suggestion*: Continue discussion among circuit managers toward consensus on roles and responsibilities.
			05/24/07 THIS ACTION STEP HAS BEEN COMPLETED
			08/23/07 THIS ACTION STEP HAS BEEN COMPLETED
Action Step 26			
26. DEVELOP LOCAL PLANS FOR COMMUNITY INVOLVEMENT. Local offices should ―formalize" plans for working with the community.	Shawn Bentley Glenda Wilcox Valerie Williams	Local plans developed. Local plans implemented.	10/26/06 *(Refer to Action Step 26)*
			02/27/07 Same as Action Step 25
			05/24/07 THIS ACTION STEP HAS BEEN COMPLETED
			08/23/07 THIS ACTION STEP HAS BEEN COMPLETED.
			5/21/09 Reopen for Discussion. Explore the role of the Communications Officer and their role as either proactive or responsive agent to disseminate information to the community. Proposed topic for planning and transition meeting. Recommendation: Appoint a point person to receive positive information and community based events and distribute to the agency as a whole.
			11/19/09 Paula informed SAC today that it is ok for the CD intranet to link to the DSS press release information. SAC Subcommittee will communicate during interim to discuss this item further.

Action Step 27			
27. COMMUNITY EDUCATION. Local offices should proactively seek opportunities to educate the community.	Shawn Bentley Glenda Wilcox Valerie Williams	Tools, materials developed for ̶PR" purposes. Training and education provided to community groups.	**10/26/06** *(Refer to Action Step 26)*
			02/27/07 Same as Action Step 25
			05/24/07 THIS ACTION STEP HAS BEEN COMPLETED
			08/23/07 THIS ACTION STEP HAS BEEN COMPLETED.
			5/21/09 Reopen for Discussion. Explore the role of the Communications Officer and their role as either proactive or responsive agent to disseminate information to the community. Proposed topic for planning and transition meeting. Recommendation: Appoint a point person to receive positive information and community based events and distribute to the agency as a whole. Suggestions included requesting Communications Officer for the Division to provide a press release to highlight events, such as Child Abuse Month, National Adoption Month, and the Missouri Heart Gallery's schedule.
			11/19/09 Paula informed SAC today that it is ok for the CD intranet to link to the DSS press release information. SAC Subcommittee will communicate during interim to discuss this item further.
Action Step 28			
28. WORKER RETENTION.	Dr Sundet Meliny Staysa Loretta Rapp-Percy Shawn Bentley Karen Womack	360 Evaluation SOE Survey Questions regarding worker retention	**02/26/09** Look at Exit Interview data and CWLA Journal of Social Work (March 09?). Review the 360 Evaluation. Becky Porter will see if she can make a report of exit data. The new interview process is supposed to be very indicative of who will stay. We will ask Susan Savage to follow up with Judy Kleffner on these issues.
			5/21/09 Becky Clariday suggested developing a survey for workers to express the reasons why the believe workers are leaving the agency. Initially, we need to obtain data from co-supervisors, from existing surveys in different regions, existing turnover data, and past SOE tools. Additionally, we could brainstorm with QA/QI specialists to develop a basic tool. There is an opportunity to add nine additional questions to the Survey of Excellence. We could incorporate some questions regarding worker retention. The areas could include pay, supervision, training, FACES, etc. Recommend that at least four questions dedicated each year available be focused on worker retention.

				08/05/09
				Workers will have more information prior to hiring, starting their positions with realistic expectations. Video for viewing prior to hiring, available on the intranet Information about Pay raises available. Information available on the hiring page, how increases are determined, non-negotiable, etc. Discussion regarding orientation meetings prior to interviewing. Discussed having a worker available to answer questions. Show the video to potential employees. SAC group will follow up with more information at next meeting. (Karen Womack in particular) Address writing, computer, typing skills prior to hiring. **Increased recognition of work load and solutions for more time with children and families.** SSW Time-study completed state-wide. Requesting results from Southern/Jackson QA & QI teams be made available to SAC. **Increased understanding on how staff levels are decided.** Recommend for someone from FSD Budget Unit come and speak at the SAC meeting**.** Committee would like to know when FTE's are decided, what is taken into consideration? Find the 2007 memo from Paula Neese describing this process. (Meliny Staysa) **Develop four extra questions** for the Worker Retention portion of the Survey of Organizational Excellence. The survey is currently on hold per department, but when it is ready, the questions will need to be ready (Loretta Rapp Percy). **Worker stress and burnout**: Is the Critical Incident Debriefing Team used (Loretta Rapp Percy). Is there leave associated with EAP (Shawn Bentley). Review the ―tips" regarding EAP on the HR website – does it suggest selecting a provider who would be covered by insurance? (Loretta)
				11/19/09
				Judy Kleffner attended the meeting and presented the new hiring video and self assessment, which is now posted and available on the internet/intranet and to be used for staff before or at the time of the interview. Pat Luebbering attended the meeting and discussed how FTE positions are allocated, which is based on accreditation standards and negotiated as needed by Regional Directors. SAC subcommittee developed a list of survey questions, of which the top four will be recommended as additions to the Survey of Organizational Excellence. PowerPoint from employee orientation process in St. Louis County was distributed; Karen W. can explain the power point at next meeting and determine if a recommendation should be made for statewide orientation meetings to be made available (not required though). Loretta summarized recommendations from the Southern Region Worker Retention Workgroup. Since supervisors are absent, this will be discussed in greater detail as an agenda item for the February meeting, in order to decide if SAC wants to formally recommend any of the workgroup's recommendations. SAC would like to inquire with Dr. Sundet regarding any hiring initiatives he is involved in or pursuing. Loretta will follow up with Dr. Sundet regarding this prior to next meeting.

			2/10/10
			Will address this as an agenda item for the next mtg to leave time for group discussion.
			5/12/10
			Handouts given by Rapp-Percy and Womack with compiled suggestions from workers to reduce their workload to help with safety and permanency. Information was gathered from workers, time study results and focus groups. Will re-work some of these and give to Paula Neese.

FOSTERING COURT IMPROVEMENT
MEASURING AND IMPROVING PERFORMANCE IN CHILD ABUSE AND NEGLECT CASES

Circuits 2,5,13, 22, 23, 25, 26, 31, 35, 45   Data Collection/Reporting Start Date: January 2007, 2008, 2009

Permanency JIS Measures (3)

1.   **Percentage of children exiting care by exit type: Reunification, Adoption, Legal Guardianship, Acheived Independence, Child Death, Runaway, Transfer to DMS/DYS, Other**

2.   **Average time from date of most recent removal to the date the child exited care, by exit type.**

3.   **Average time in care for all children remaining in care on the last day of the reporting period.**

Due Process JIS Measures (2)

4.   **Percentage of parties who were to receive service of process (summons) for the Adjudicatory Hearing and did receive such.**

5.   **Percentage of cases where the child's GAL was appointed on or before the date the petition was filed.**

Timeliness JIS Measures (4)

6.   **Percentage of hearings, by hearing type, completed within time frames set forth in statute or court rule (Milestones).**

7.   **Reasons for delays when hearings not timely held – and percentages for each delay by category, and by hearing type.**

8.   **TPR granted/Adoption: Average time from TPR to filing of adoption petition.**

9.   **Adoption: Average time from filing adoption petition to finalized adoption order.**

Timeliness CD Measures (2)

10.   **Average time from entry into care (most recent removal) to date TPR was granted for those children with TPR granted during the quarter.**

11.   **Average time from date TPR was granted to the finalized adoption for those children who were adopted during the quarter.**

Safety CD Measures (2)

12. **Number of children who were the subject of a substantiated abuse or neglect report while in out-of-home care with the foster parent or residential treatment provider as the perpetrator.**

13. **The percentage of children who re-entered care within 12 months, based on children who exited care during the previous fiscal year, regardless of exit type.**

Stability CD Measures (2)

14. **Percentage of children who experienced two or fewer placements (moves) for the first 12 months they were in care.**

15. **Median/Average number of placements children experienced during their current placement episode.**

Missouri Department
Of Social Services

Children's Division

Emergency Operations Plan

Promulgated September 2008

Children's Division
Emergency Operations Plan

I. PURPOSE

This document is designed to serve as an all-hazards plan for the Children's Division of the Department of Social Services. The plan is designed to help us provide the best response possible in emergency situations, with the goal of providing all services needed by the children and families we serve.

The Children's Division has a role to play in all four phases of emergency management. However, during an emergency event, the division's focus is on three areas:

- Locating and ensuring well-being of children in the division's custody;
- Providing services to children displaced from their families by the emergency;
- Continuing the operation of child protection services, as needed, during the emergency.

In addition to these duties, Children's Division employees provide support services in the Department of Social Services' mandate under the State Emergency Operations Plan to coordinate mass care and evacuation management for emergency victims.

The actions outlined in this plan to assure the safety and well-being of children are taken by our staff as a matter of course on a daily basis. This plan serves to commit the responsiveness of our staff to the needs of Missouri's children to a permanent document that can be used as a guide by others.

II. SITUATION AND ASSUMPTIONS

A. SITUATION

1. One of the most important duties of the Missouri Children's Division is that of serving as parent for more than 9,000 children placed into our custody by the juvenile and family courts or under court-ordered supervision in out-of-home placements. In this role, we must assure the safety and well-being of the children in our care around the clock and in all situations, including emergency and disaster situations.

2. Some 4,000 foster families, relatives and residential facilities work with the division to provide needed care and services to these children. As a

division, it is also our responsibility to assist them in the protection of the children in their care. Our goal is the best possible service to these families and children, no matter the circumstances.

3. Natural or manmade disasters and emergencies can occur without warning anywhere in the State of Missouri.

4. Governmental agencies (including the Children's Division), public and private institutions, businesses and citizens (including out-of-home care providers) may be impacted by these events.

5. Depending on the location and nature of the event, the number of children and families impacted and requiring assistance may be small and within their own capacity to respond. However, in the occurrence of a large-scale event, intervention and assistance from the Children's Division and its employees may be necessary to ensure safety and well-being of the children and families.

6. A lack of communication resources – land-line and cell phones, computers, etc. -- will hinder the efforts of CD staff in locating children and families, as well as communicating needs up the chain of command. It will be imperative that CD staff have contact with the Family Support Division county managers in their areas, as those managers have a presence at local Emergency Operations Centers. It may become necessary to temporarily locate staff at the local EOC, or another response location (law enforcement office, State Area Command Center, etc.) for communication purposes or to relay information through the local EOC to the Children's Division/DSS representative at the state EOC. Statewide, the use of ham radios in emergencies and disasters provides another communications option that is coordinated by the local emergency managers.

7. Children's Division staff will assist Family Support Division with the Department of Social Services' identified mission of providing mass care. This will occur after the safety of children in state custody and their resource families has been assured and any identified needs have been met.

B. RISK ASSESSMENT

1. Thorough planning prior to the onset of a disaster can help to reduce the impact of the disaster. In every disaster situation, the primary goal is to protect human life. Preventing loss of and damage to property is secondary.

2. Through mitigation activities, we can reduce the loss of life and property. Mitigation is done before a disaster strikes and involves risk assessment, planning, training and exercising.

3. Each circuit and county should assess their area's and office's risk level for all types of disasters:
   a. Natural
      I. Tornadoes and other weather emergencies – In addition to tornadoes, Missouri is prone to other types of weather emergencies that can cause significant damage.
         A. High-velocity straight-line winds can cause as much damage as tornadoes
         B. Severe thunderstorms produce heavy rains resulting in flash flooding, hail, lightning strikes that can cause injury or fires, microbursts
      II. Flooding – prolonged rain in your area or upstream can result in significant flooding
      III. Extreme heat and cold – Missouri's climate can include prolonged periods of high or low temperatures. Either condition can prove dangerous, or even deadly, for those subject to the elements or at greater risk, such as children and the elderly.
      IV. Winter storms – Winter ice and snow storms can result in an inability to travel, loss of utilities and danger from the cold. Effects of a winter storm in Southwest Missouri were a loss of utilities for more than two weeks in some areas and debris clean-up for months.
      V. Wildfire – Controlled burning is a relatively common practice in Missouri and can easily get out of hand, especially in the spring when low humidity and high winds can add to the danger.
      VI. Earthquake – Eight of the United States' earthquake source zones are in the central section of the country, with two located in the State of Missouri. The most active zone is the New Madrid Fault, which runs from northern Arkansas through southeast Missouri and western Tennessee and Kentucky to the Illinois side of the Ohio River Valley. It was the site of a significant series of earthquakes in 1811 and 1812, and makes earthquake planning a necessity in our state.

         Other zones affect Missouri because of their close proximity – including the Wabash Valley Fault, Illinois Basin, and the Nemaha Uplift, which runs parallel to the Missouri-Kansas border from Lincoln, Nebraska to Oklahoma City, Oklahoma. Its earthquakes are not as

severe as those in the historic New Madrid fault zone but several have affected Missouri in the past.

VII. Epidemics – These are serious outbreaks of disease that could sicken and kill thousands of people across the country and around the globe. Health officials say the spread of a new strain of influenza virus (a respiratory infection with fever) could reach pandemic proportions in the coming years. Flu is particularly dangerous because it spreads through the air. Other diseases of concern in this area include Smallpox, St. Louis encephalitis, Meningitis, Lime Disease, West Nile Virus, and SARS (Severe Acute Respiratory Syndrome).

b. Accidental

I. Nuclear Power Plant Incidents – Four nuclear facilities or reactors are in a position to pose threats to the public in Missouri under extreme circumstances. Commercial Nuclear Power Reactors threaten a worst-case scenario of significant radioactive material release that could force evacuation of the general population within a 10-mile radius of the facility. A release of this magnitude could also contaminate food sources out to a 50-mile radius. Reactors are regulated by federal agencies and must ensure the health and safety of the general population within the 10-mile Emergency Planning Zone (EPZ). DSS offices in these areas are generally involved in incident planning.

II. Radioactive Materials Incidents/Chemical Spills – These events can occur during transportation of hazardous materials through the State of Missouri, often by truck or rail. In addition, approximately 20 flights each day from Lambert Airport in St. Louis carry nuclear medicines.

III. Utility Outages – Utility interruptions and failures most prominently, they affect the very young or elderly at greater risk from loss of heating and cooling systems and those dependent upon medical equipment requiring a power source. Loss of communications can also adversely affect provision of emergency services, increasing the difficulty of contacting the services for emergency assistance. St. Louis experience two significant power outages in 2006 from seemingly small weather events.

IV. Urban Fire – Structural fires can represent a hazard to any size community, but pose significant planning concerns to those who must be concerned with evacuation of a great number of people housed in a single structure.

V. Transportation Accident – A mass transportation accident, or even a multi-car pile-up accident, can burden a local jurisdiction's available medical services and could involve hazardous materials or a fire, compounding the incident. Severe weather also could hamper response efforts.

VI. Dam Failure -- When a dam fails, the pent-up water can be unleashed suddenly and catastrophically affect life and property downstream. Homes, bridges, and roads can be demolished in minutes. Loss of the reservoir can impact water supply. Missouri saw this during the recent collapse at the Taum Sauk Reservoir.

c. Civil/Political, Terrorist and Security Events

I. The State of Missouri mitigates against attacks from terrorists – be they bombings, cyberterrorism attacks, agroterrorism, chemical weapons, etc. The state also mitigates for civil or political unrest that might cause riots, as well as the effects of any hazard at large-scale events from inaugurals and concerts to 4th of July celebrations, where the proximity of large numbers of people would create the possibility of a greater danger for those involved.

C. ASSUMPTIONS

1. While the basic concepts of operations will remain the same at any level of disaster, the ways staff will be able to accomplish them will change as the severity of the event increases.

2. This document assumes at Level I the impact of the disaster is contained to a relatively small geographic area (or several geographic locations). This can include severe damage within the area, but assumes that assistance is readily available from the surrounding area. Examples would be touchdowns of tornados in one or more locations, local hazardous materials spills, structural fires, power outages, etc.

3. At Level II, impact of the disaster is spread to a broad region or regions of the state. This can include severe damage within the region. Assistance is available, but will have to come from farther away – another area of the state, for example. Examples would be weather events that cut a wide swath through the state, like the southwest Missouri ice storm of January 2007 or widespread flooding along the Missouri or Mississippi rivers.

4. At Level III, impact of the disaster is statewide and likely affects adjacent states, as well. This assumes that all areas of the state are impacted to a greater or lesser degree. Assistance may be available from other areas of the country. Examples would be an earthquake in the New Madrid

Seismic Zone, widespread terrorist activities, flooding at 500-year flood levels or a pandemic flu event.

5. Additional information may be added under each concept to address specific actions taken at Level II or Level III.

6. Life and safety issues are absolutely the top priority at all levels and decisions that will need to be made will reflect those priorities. This is especially important at Level III.

7. This plan represents action steps that would apply to a situation under normal, or best-available, circumstances. For example, the plan outlines steps that optimally would be taken by particular staff members, listed by title. In any disaster, but especially at Level II and Level III when great numbers of staff will be personally affected, the steps will need to be taken by anyone who is available to take them. Staff members should not be deterred from taking action, based on the job titles listed.

III. CONCEPT OF OPERATIONS

A. MITIGATION

1. It is important for each circuit/county/office to conduct a risk assessment to determine what events pose a threat to their distinct locations. For example, if the office is located near railroad tracks, you should mitigate for the possibility of a derailment that might involve a fire or chemical spill.

2. Assure that the plan addresses how the office would respond to the needs of children and families, staff and their families and the public at large.
   a. If you need help in planning for, or responding to, any of these emergency situations, conduct research and explore training opportunities to help you.

3. Staff also needs to be reaching out to our partners to understand their emergency plans and determine the ways in which we need to work together.
   a. For example: Can residential treatment facilities in your area be used as temporary shelters for foster children during an emergency? Is your local court prepared with a plan for how children will be placed into custody in a disaster?
   b. Consider the need to establish memorandums of understanding prior to a disaster so that, when it strikes, you and your partners will know what to expect from one another.

4. Once the plan is in place:

a. Communicate it to staff and anyone else impacted by the plan (such as foster families, residential facilities, etc
b. Exercise it periodically so that staff are familiar with the plan and can react appropriately when an event occurs.
c. Most importantly, update the plan periodically to assure it still meets the needs of those who will be putting it into action in the event of a disaster.

5. Take basic mitigation steps like establishing (and updating) phone trees, working with other agencies to establish relationships and memorandums of understanding to assist one another in times of disaster, and assuring that necessary equipment, like flashlights and first aid kits are available and operable at all times.

6. Consider how you would continue operations in various emergency situations. Ask yourselves questions like these:
    a. How will we access necessary information if computer systems are unavailable?
    b. Do we have agreements in place with other agencies, or other CD offices, to use their facilities if ours are unavailable?
    c. Does staff know where the alternate work site is, so they can report there if our building is uninhabitable?
    d. Do we know how to locate foster families in the event of a disaster to assure their well-being and offer assistance to them?
    e. Have we helped our foster families and staff become individually prepared for a disaster or emergency?
    f. Is our emergency plan up-to-date?
    g. Is all staff aware of the plan?
    h. Have they been a part of an exercise of the plan to determine its viability and assure they know their role in the plan?
    i. Is all staff in the office individually and family-prepared so they can respond to work when needed?

B. PREPAREDNESS

1. Each circuit in the Children's Division has been asked to prepare an emergency plan for all of the offices in their circuit. These planning documents can go a long way toward making us ready and able to respond to the various types of emergencies that might occur in our state.

2. In order to meet our goals of locating and ensuring the well-being of children, as well as continuing our statutorily mandated functions, we must be prepared at all levels – individually, locally and as a state-wide organization.

3. Personal Preparedness for staff and families is critically important. In our society, many people expect that, in a disaster situation, "someone" will come to rescue them and, after the disaster, will return their lives to "normal."

    a. The truth is that only 1 percent of the population is emergency responders – e.g., law enforcement officers, firefighters, emergency medical technicians, etc.
    b. Even when you factor in those trained as emergency management responders, there are significantly too few people to "rescue" everyone impacted by disasters.
    c. And, keep in mind, they will be triaging needs for assistance and responding first to situations that might result in the loss of human life.
    d. For this reason, personal preparedness is critical. Your disaster response plan and supply kit should allow you, and your family, to be self-sustaining for at least 96 hours.

4. As part of the State Emergency Operations Plan, the Department of Social Services is tasked with providing mass care and sheltering services for disaster victims. You will be asked to respond to assist other department personnel with these critical services, as you are able and based upon your own level of impact from the disaster.
    a. In order to provide these critical services to others, you must feel assured that your own family is safe and able to maintain without your presence. This is another reason to take steps to prepare your family.

    b. There are a number of resources available to help families create their own disaster plans, including:
        I.   The Missouri Department of Health and Senior Services has a "Ready in 3" program that can help you with planning for disasters. For more information, go to: http://www.dhss.mo.gov/Ready_in_3/
        II. The American Red Cross also offers preparedness information at: http://www.redcross.org/services/prepare/0,1082,0_256_,00.html
        III. The Federal Emergency Management Agency also has readiness information on their website at http://www.ready.gov. Everyone should view the "Ready America" link but of particular interest for families is the "Ready Kids" link that has fun activities that help kids understand disasters and also help in preparing the family disaster kit, etc.

    c. You should extend your personal preparedness to cover the time when you are in the workplace or traveling, as well.

I.   A "go-kit" that has basic essentials like a flashlight, first aid kit, battery-operated radio and non-perishable food can be, literally, a life-saver. You should also consider keeping a change of clothes, including sturdy, practical shoes or boots, at work, especially if you think you may be called upon to respond.

5. Encouraging personal preparedness for providers – foster families, residential treatment facilities, child care facilities or others – helps assure the safety of children in our care. Like our staff, the children, families and the public in general is relying upon them to provide critical services. However, they will not be able to respond appropriately if worried about their own families and homes.
    a. We have heard horror stories from disasters in other locations of service providers who left schools and nursing homes, abandoning those in need of assistance, in order to ensure the safety and well-being of their own families. While in some ways understandable, this is an unacceptable situation that we do not want to have repeated in Missouri. Helping our providers become personally prepared is critical.

6. Many residential treatment facility plans currently lack detail in emergency preparedness. We must assure that our facilities have appropriate and current emergency plans.
    a. Sheltering In Place – In many, if not most, emergencies and disasters it is preferable to remain in place, rather than attempting an evacuation. Following are some considerations for in-place sheltering:
        I.   Is there sufficient food and water supply for at least 96 hours?
        II.   Is there a generator to provide back-up power in case of a power outage?
        III.   Has the facility registered with utility companies for priority restoration of service?
        IV.   Is there a stockpile of resident medications sufficient for at least 96 hours?
        V.   Can they access children's records, especially medication records, without computer access?
        VI.   Is facility staff prepared to respond in the event of a disaster?
        VII.   How can we assist staff with their needs so they can report to work, i.e., could we assist with child care, transportation, etc.
        VIII. Are we prepared to meet the emotional needs of the residents in the event of a traumatic event?
        IX.   How will we notify families that residents are safe?

    b. Evacuation – If an evacuation of the facility becomes necessary, it will be necessary to consider these factors (among others):

I. What sources of transportation will be used? Do we have agreements in place with transportation providers (and what other agencies will be relying on those same providers)?

II. Where will we go and will that location be expecting us (i.e., do we have a mutual aid agreement in place)? How will we notify them we are coming?

III. Do we have a plan to assure necessary records go with the resident to the alternate location?

IV. How will we securely transport medications along with the resident?

V. Which staff will be going along with the residents? Do future shifts know where to report?

VI. How will we notify families of the move?

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. CHAIN OF COMMAND REMAINS IN PLACE

1. The normal Children's Division chain of command will remain intact, to the extent possible. Workers will assume responsibility for their normal activities, knowing they may also be asked to perform other duties during the course of the disaster.

2. In any disaster, but especially at Level II and Level III when great numbers of staff will be personally affected, activities will need to be accomplished by anyone who is available to take them. Staff members should not be deterred from taking action, based on the job titles listed in this plan.

Annex A – Child Abuse and Neglect
CD Emergency Operations Plan

Primary Staff: CA/N Hotline Unit
　　　　　　　　　CA/N Investigators Statewide

Support Staff: All staff with investigative training

I.　　**PURPOSE**
　　　The purpose of this annex is to provide direction to Children's Division staff statewide regarding how to provide statutorily required Child Abuse and Neglect investigative services during the course of an emergency.

II.　　**SITUATION AND ASSUMPTIONS**

　　　A.　　SITUATION

　　　　　1.　　State law requires the Children's Division to provide a 24-hour child abuse and neglect reporting system – the CA/N hotline -- and to respond to any reports of child abuse or neglect reported to the hotline.

　　　B.　　ASSUMPTIONS

　　　　　1.　　The State of Missouri is susceptible to emergency events, as outlined in the risk analysis of this plan, so an emergency will occur, requiring use of this plan.
　　　　　2.　　Staff will be personally impacted, to a greater or lesser extent, depending on the emergency situation and other staff members will need to fill critical roles.
　　　　　3.　　Direction will come through the regular chain of command – including executive staff in Central Office, regional directors and field support managers.

III.　　**CONCEPT OF OPERATIONS**

　　　A.　　CRU HOTLINE PROCEDURES

　　　　　1.　　There must be a place for hotline calls to come in.
　　　　　　　a.　　Preference is to maintain hotline at the Knipp Building in Jefferson City. To that end, a generator is to be installed summer 2008 and landlord has addressed roof issues.
　　　　　　　b.　　If Knipp Building is not available, hotline phones can be transferred to other state phones. Agreement is in place to

use space at the Department of Health and Senior Services Disaster Situation Room, if necessary.

    I.   Requires telephone and, optimally, computers and access to the FACES system

    II.   Phones can possibly be transferred to cell phones if landlines are unavailable

    III.   Hotline staff could make use of laptops, if available

2.   Staffing procedures are in place

    a.   If there are coverage issues, supervisors can take calls

    b.   Unit manager and supervisors can adjust work schedules, as necessary, to assure coverage

    c.   Staff who report to work during a weather event, e.g., ice/snow storm should be prepared to shelter at hotline if conditions make leaving dangerous

3.   Current call-out procedures are in place

    a.   In emergency situations, staff in circuits are accustomed to call-out procedures for situations where there is no power

    b.   Field support managers are accustomed to assuring staff from one circuit can respond to another circuit in need.

    c.   On-call information is backed up on MOBIUS. The hotline unit knows the on-call procedure when a county goes down. CA/N HU has a back-up paper copy with some names and numbers.

4.   Triaging/prioritizing will be necessary in large-scale disasters

    a.   Lower priority given to:

        I.   Letter referrals – M, N, P

        II.   Educational neglect

        III.   Calls with no immediate threat (72-hr. response)

    b.   Screening may need to be done on a local level or regional level with support from Central Office

    c.   Callers should be notified of the impact of the disaster on their call with a recording (or message relayed from hotline worker). For example, callers might hear "*Due to conditions in the southwest area of the state, calls will be responded to according to the severity of the issue. Your call is important and someone will respond in the next _____ days.*"

5.   Responding under a curfew

    a.   If a curfew is imposed, local staff will work with local law enforcement regarding the response to hotline calls. Hotline workers should be notified, through Central Office,

if staff is asked to observe a curfew, so they can relay that information to callers and direct them to call law enforcement.

6. Responding to incidents in shelters
   a. Calls involving incidents in shelters will be responded to by local investigative staff. If CD staff are residing in the shelter, they need assure safety of children, if their own needs will allow. If CD staff are staffing the shelter, they are "on the clock" and need to mitigate the situation immediately, if it is safe for them to do so.

7. Obtaining hotline history
   a. If hotline unit doesn't have capacity, local workers can pull up history from their offices. They can be notified to do this during call-out process. Other staff can also assist with providing history – e.g. regional staff, staff in another circuit or central office.
   b. Return to past, pre-computer procedures -- workers determine safety as best they can. If paper copies of records are destroyed, recreate them as best they can be.

B. CIRCUIT RESPONSE PROCEDURES

1. Safety of children must be assured
   a. Basic safety assurance is the top priority
   b. Acceptable standards may have to be relaxed as lack of running water, no electricity, etc., becomes a community standard.
   c. Outcomes of investigations need to take into consideration the level of resources available and the length of time the conditions continue.
   d. Atypical living conditions (tent cities, FEMA trailers, etc.) will need to be evaluated. To be considered will be the trauma of moving them away from family to an unaffected area vs. leaving them in less-than-optimal conditions with their family.
   e. Consult Foster Care annex for discussion of temporarily relaxing current standards regarding number of children in a foster home in an emergency.
   f. When locating or reaching a child in a report is an issue, work closely with partner agencies to assure safety without duplicating effort and/or putting worker safety in jeopardy. Or, ask for assistance from another circuit, if practical.
   g. **If you cannot assure safety personally, assume responsibility for assuring it is done by someone else.**

     h.   Work within the disaster framework to be able to respond. Follow directives of officials on the scene.

     i.   Discern if co-locating with emergency management personnel is feasible/advisable. For instance, does it simplify matters to co-locate temporarily with law enforcement or the court?

2.   Consider the safety of responding workers

     a.   In a disaster, the expectation is that staff will perform job duties, with necessary accommodations and precautions, unless they are instructed not to report or are personally affected by the disaster.

     b.   Implement precautions similar to those used in meth lab response.

     c.   Working within your chain of command, implement flexibility in allowing staff to work from other locations. Regional staff and/or central office will be active in making those decisions.

     d.   Watch for notification of implementation of the hazardous travel policy.

3.   **DOCUMENTATION WILL BE CRITICAL!!**

     a.   Document carefully what is possible to accomplish in light of the disaster and what is impossible.

4.   Unaffected areas can assist areas affected

     a.   Staff can be relocated to cover another circuit where staff are personally impacted or overwhelmed

     b.   Specialists can help supervise in other circuits

     c.   Volunteers (especially retired CD workers) could be used to assure safety of children

C.   AFFECTS TO NORMAL PROCESSES

1.   If IIS cannot occur, go to immediate removal if safety cannot be assured.

2.   FCS cases will likely increase in the recovery phase

3.   CS-23s are to be completed for critical events, based on capacity, by any staff available. Notification of critical events to Central Office should be accomplished by some means, even informally, as soon as information is collected.

4.   Child fatality review board meetings will be determined by local protocols.

5.   Child-placing may be accomplished by looking outside of typical resources for other congregate placements if residential facilities are down.

6.   Work with hospitals, law enforcement and courts to secure emergency medical treatment for unattached minors.

D.   PREPARING WITH PARTNERS BEFORE THE EMERGENCY

1.   How do we engage our partners in these discussions?
   a.   Share emergency plans with courts, hospitals, contractors, community partners, local emergency management staff
      I.   In particular have conversations with judges
      II.   Appendix ____ (to be created) is a checklist of questions to discuss with courts
   b.   Link to local emergency management officials through contacts with local FSD county managers, as they have established relationships
   c.   Communicate with contractors about these expectations and how they compare with their own emergency plans.

IV.   LOGISTICS

A.   A current list of cell phone numbers for all Regional Directors, Field Support Managers, Program Managers and Central Office Management Staff should be available at the hotline at all times.

Annex B -- Family-Centered Out-of-Home Care
CD Emergency Operations Plan

LEAD STAFF: **Out-of-home Care Staff**

SUPPORT STAFF: All CD Staff

I.   PURPOSE

The purpose of this annex is to address the needs of children in out-of-home care (those in legal status 1-4, as well as youth in LS-8) and resource providers in emergency and disaster situations.

II.   SITUATION AND ASSUMPTIONS

A. SITUATION

1...The State of Missouri is susceptible to emergency events, as outlined in the risk analysis of this plan, so an emergency will occur, requiring use of this plan.

2. Staff will be personally impacted, to a greater or lesser extent, depending on the emergency situation and other staff members will need to fill critical roles.

3. Direction will come through the regular chain of command – including executive staff in Central Office, regional directors and field support managers.

B. ASSUMPTIONS

1. For the purposes of this annex, the term "resource provider" refers to: foster, relative, kinship, respite, and residential providers and pre-adoptive placements, including those placed for adoption, but not yet finalized.

2. Resource families in crisis might feel the need to discontinue fostering, at least temporarily, resulting in the need to move children to other homes.

3. Resource families, when they become licensed, sign a contract stating they understand their responsibility to exercise sound judgment for the children in their care, and to protect and nurture them. As we entrust them with the care of children in the state's custody, we provide ongoing training opportunities to them and monitor the care the children receive. This combination of trust and oversight must continue in the event of an emergency or disaster.

4. For the purposes of this annex, a "short-term stay" is defined as less than 14 calendar days, a "moderate-term stay" is defined 15- 28 calendar days, and a long-term stay is any stay longer than 28 days.

5. Especially in more widespread or long-term disasters, it is likely that children may be displaced from their biological and/or resource families, creating an intake surge.

6. In a widespread disaster, CD staff must follow established state and local directives regarding the disaster – curfews, restricted areas, marshal law.

7. PBC contracted staff will, at a minimum, follow the same policies and procedures as the CD staff.

III. CONCEPT OF OPERATIONS

A. PREPAREDNESS CONCEPTS

1. Prior to the occurrence of any emergency, Children's Division staff are tasked with assisting resource families, young people in independent living sites, and residential facilities in creating emergency plans designed to mitigate the impact on children in the division's custody from all types of disasters and emergencies.
2. At initial licensure, an informational packet will be distributed to foster parents, which will include *Ready in 3* information, including the family plan checklist.
3. The information will be reviewed at a minimum of annually at a quarterly visit with their licensure worker.
4. The CD Emergency Management Command Team is exploring the possibilities for offering ongoing in-service training to foster families.
5. Staff will offer to assist in preparing emergency plans tailored to the needs of the individual, family or facility.
6. Central Office and the Command Team can assist with pre-identifying the ways resources can be re-allocated to provide assistance to affected offices. This will ease the stress of workers in the affected area, who may also be personally affected by the disaster or emergency.

B. RESPONSE CONCEPTS

1. Locate each foster child and assure safety of the child
   a. Staff should consider it a top priority to contact and assess the well-being of the children in their caseload.

b. Each circuit plan should contain details of how safety and well-being checks of children in out-of-home placements and resource providers will be accomplished.

c. Supervisors should have a plan in place to receive information from workers and to serve as their back-ups in contacting children in out-of-home placement if workers are unable, for any reason, to complete this critical task. This information will be reported to Central Office on the Situation Report form – CD-98 (Form link here).

d. During the time that well-being checks are being made, resource providers and Children's Division staff should be looking for back-up situations to ensure a seamless transition for children and/or families in crisis.

e. The Residential Program Unit will serve as point of contact for information regarding children in residential placements. RPU will forward information regarding the status of the facility and the residents to designees at Central Office, who can provide that information to regional staff and members of the CD Emergency Command Team. Information can then be forwarded to case managers at the local level.

f. Local staff may want to check on individual children in their caseloads and may need to assist RPU staff with checking on RPU facilities, as it may require in-person visits to the facilities, if phone contact cannot be made. At Level II or III, individual staff will be discouraged from making calls to the facilities, allowing for emergency communication to take place. At Level III, well-being checks will be made with whatever means are available – phone, in-person – and may require the assistance of other agencies like law enforcement or the National Guard, if they are deployed into that mission. This activity will need to be coordinated with search and rescue efforts, if they are occurring, through the local EOC.

2. Respond to medical needs of the children in out-of-home care

   a. The well-being of medically fragile children should be assured first, to determine if specialized care is needed or if there are un-met medical needs.

   I. It is the division's practice to involve a Family Support Team, including biological parents, in decisions regarding medical care. While this is preferable and should be accomplished if at all possible, it may not be possible in a widespread disaster.

   II. If medical decisions must be made quickly, staff should make every effort to involve the juvenile or family court in the decision. If this, too, proves impossible, staff should make decisions in consultation with others, based on

information at hand, and should document how the decisions were made.

III. In decisions of a life-or-death nature, staff should make every effort to coordinate with courts and the department's Division of Legal Services.

b. While we encourage all resource families to have complete emergency kits, including medications and other supplies, there may be a need to replace these items when an emergency occurs.

I. In a time of a disaster, assistance in replacing medications, medical equipment and other medical needs is available. Staff should coordinate assistance through the chain of command, as Central Office can help access assistance from other agencies, like MoHealthNet, in this situation.

3. Respond to all other needs of children in out-of-home placement

a. During times of disaster, emergency medical, psychological, counseling and other services are made available in communities by state and federal agencies – the State and Federal Emergency Management Agencies, the Department of Health and Senior Services, the Department of Mental Health, for example -- as well as voluntary relief organizations, like the American Red Cross and the Salvation Army. Staff who need assistance in accessing these services for the children in their caseloads, should follow their chain of command to Central Office.

b. Children may also be concerned about their birth families. If staff have any information about the birth families, it should be shared to reassure the children, if possible. (Accessing information about birth parents is a lower priority activity that is likely to be necessary only in long-term disasters at Levels II and III, and should occur only after safety and well-being of children as been assured.)

c. When assisting resource families and children, staff should bear in mind, and assist families in accessing, the supplies that will be arriving in the community to assist all families. Responding organizations, like the Red Cross and Salvation Army, will be on-site in declared disasters providing food and water, and can also be a resource for items like personal hygiene kits, diapers and formula, and other basic family needs.

d. If a child must experience a move because the resource provider is in crisis, standard procedures apply to locating an emergency placement first, then, following typical agency protocols, staff will look for relative and kinship placements as longer-term options.

e. Central Office will coordinate resources in other areas, if no placement options are available locally, and can also make arrangements for transporting children to the other area.

4. Locate each resource family, even if they have relocated
    a. Working with out-of-home placement workers, each worker should immediately contact their resource families to assess their safety and well-being, as well as their plans for sheltering in place or relocating, etc.
    b. Emergency plans for each office should include information from resource families about how to reach them in a disaster, as well as information about where they might go if the need to relocate arises.
    c. Staff should determine as much detail as possible about those with whom they will be staying, contact information for the new location, etc.
    d. Resource families have been instructed to notify their workers if they move (and this occurs as a matter of course), including relocations during an emergency. This protocol helps to ensure the safety of foster children and may, in fact, alert workers that a resource family is seriously impacted if they fail to report in.
    e. The need to reach resource families for possible emergency placements will make the need to locate them even more acute.
    f. Agency standards on the number of placements per family may need to be relaxed, temporarily, during a disaster to avoid having to place children in an emergency shelter.
    g. Staff who are experiencing a great need for emergency placements should consult with Central Office, through their chain of command, for approval to exceed the number of placements.

5. Determine if the resource family needs assistance
    a. Consider any needs the family might have, including:
        I. Has the family experienced the loss of a family member?
        II. Has the family experienced the loss of their home or goods?
        III. Is there a need for respite care while recovering from these losses?
        IV. Is there need for medical or psychological treatment for stress relief, grief counseling, post-traumatic stress disorder or other conditions?
        V. Is there a need for assistance with escalating behaviors in children who have experienced the trauma of a disaster?
    b. Although this activity will be secondary to immediate assurance of the safety and well-being of children and families, it is a high-priority activity. Staff can begin to assess these needs during the preliminary well-being checks and should continue to check in during the life of a long-term disaster or emergency.

6. Assure safety of children in independent living situations

    a.   Many of the young people living in independent living situations, such as scattered site apartments and transitional living group homes, are case managed by contracted providers.

    b.   Older Youth Transition Specialists, or their designees, are required to make contact with these youth, as well as those receiving aftercare services under Chafee, in the event of a disaster.

    c.   The OYTS in the affected location will then notify other OYTS regarding status of the youth.

    d.   Staff (CD case managers or services workers, their designees or PBC staff) will also make contact with any young people living independently while in the division's custody, including those in Independent Living Arrangements, Transitional Living Advocate placements and those attending college.

    e.   Group homes will be checked by RPU staff.

    f.   Staff should report the status of the young people to identified individuals in Central Office, as well as their regional staff. This information will also be forwarded to Command Team members.

7. Assure safety and assist with needs of children in residential placements

    a.   Residential Program Unit staff, like children's services workers, will make it a top priority to check on the facilities in their areas.

    b.   In addition to checking on the well-being of the children in the facilities, they will ask if any assistance is needed, help the facility to access any services, and help with assessing and providing for the needs of the individual children.

    c.   RPU will forward information regarding the status of the facility and the residents to designees at Central Office.

    d.   Central Office will, in turn, forward the information to regional staff and members of the CD Emergency Command Team for distribution to staff with children in residential placements.

    e.   In small-scale disasters, this will not preclude staff from calling to check on the individual children in their caseloads. However, in larger-scale situations, staff will be discouraged (via a note from Central Office) from calling the facilities to check on individual children, freeing up communications into and out of the facilities.

    f.   Certain types of disasters may require in-person visits to the facilities, if phone contact cannot be made. Because the RPU staff is small, local offices may be asked to assist in making these visits.

    g.   If CD staff is unable to access a facility, assistance can be requested from local law enforcement, National Guard or others who are assigned the larger emergency management task of well-being checks. These efforts will be coordinated by local emergency managers and the state EOC.

    h.   Requests for this type of assistance can be made by contacting Central Office, which will notify the DSS representative at the

State Emergency Operations Center, or by contacting the local emergency manager or law enforcement.

8. Assure safety of children in out-of-home placements in new locations, should relocation occur
    a. Decisions regarding relocation of children will need to be made on a case-by-case basis, given the circumstances that exist at the time of the emergency or disaster.
    b. Each circuit must work with their local court and juvenile office to establish plans for assuring safety of children for a short-term stay with their resource provider in a new setting. During a local event, CD staff will be available to assess the safety of the children in their new setting, requesting assistance from staff in another location, if necessary.
    c. An event that is more widespread and/or longer in duration may require that the children have a moderate-term stay in another location.
    d. CD staff should do a basic home assessment (complete all applicable sections of the CS-45 – Resource Home and Safety Checklist) and also complete checks of all household members age 17 and older through the Family Care Safety Registry as soon as possible and absolutely no later than the 14th day after the children take residence in the new location.
    e. It is possible that resource families might choose to stay with relatives in another state. For stays longer than 28 days that occur in another state, Interstate Compact for the Protection of Children (ICPC) protocols should begin to be processed.
    f. The Command Team would like to explore with DLS, OSCA and the courts the standardization of language in court orders to deal with situations where children will be temporarily relocated in disaster or emergency situations.

9. Prepare for an intake surge from displaced children
    a. Intake surge may need to be managed by using resources, at least temporarily, that move children farther from their homes.
        I. This option, along with that of exceeding maximum capacity in a given resource home (discussed earlier) should be used after carefully weighing all options available.
        II. There must also be continued planning to assure that this is a temporary situation and that licensing rules are met and best possible placement options acquired as quickly as possible.
    b. Keep in mind that children, especially very young children, who are displaced from an out-of-home placement may not know or be

able to share with emergency responders the name or address of their resource provider.

I. When children initially come into care, every attempt should be made to obtain the child's basic information – name, date of birth and, ideally, DCN – to be stored for accessibility in a disaster or emergency. Each circuit should consider how they would collect and store this basic information on all children in a format that would be accessible during an emergency or disaster.

II. Every effort should be made to include a photo of each foster child. Whenever possible, a photo of the child with their current resource family would be ideal.

III. Child identification safety kits are available from many law enforcement agencies and local child advocacy agencies, like local Safe Kids Coalitions. These kits include identifying information, including a fingerprint from the child.

IV. Circuit staff should explore the possibility of completing these identification kits on their children in out-of-home placement and allowing the kits to move with the children as they go to different placements or return home.

c. In a disaster occurring during the school day, the presumption is that schools will act as shelters for children until family members are located and can retrieve the children. (This has proved to be true in past disasters in Missouri.) If family members cannot be located, we expect the schools may call us for assistance.

I. If sufficient time passes that requires that temporary protective custody should be taken, CD staff will contact local law enforcement to take protective custody, as is the usual practice.

II. However, in the event of a disaster, law enforcement assets may be dedicated to emergency tasks only, although school resource officers might be able to help.

III. If they are unable to assist, CD staff will contact local court officials for input.

IV. In these situations, the first priority will be to locate a safe and secure placement for the children, therefore emergency placement options will be explored first. Then, following typical agency protocols, staff will look for relative and kinship placement for the children (which will further help to ease the children's trauma) and then explore other long-term placement options.

d. CD staff can make themselves available as a resource for interviewing children. Skilled at putting children at ease during stressful situations, they may be able to help elicit information

from children about who they are and get their help in identifying placement resources.

e. Some displaced children will experience the trauma of seeing parents killed or injured. CD staff can help make referrals to mental health services and help to identify specific needs. Keeping in mind that staff will be coming from other places, Central Office or a designee will need to identify locations and services in or near the affected area that can accommodate the surge.

f. Staff should also consider the possibility that a disaster or emergency may result displaced children who are left alone by the injury or fatality of their parents.

    I. Regular hotline protocols apply different standards to children reported as left alone, depending on their ages. While older children are generally safe if left alone for a longer period of time, younger children should only be unsupervised for a brief amount of time.

    II. CD staff should apply these same standards while also taking into account the particular circumstances created by the disaster itself – e.g., is the child's home habitable; are utilities available in that neighborhood; is the area at risk of fire from downed power lines, etc.

g. If staff have trouble getting to children in affected areas, they should seek assistance from law enforcement or other organizations, like the National Guard, that might be assigned to the task of making well-being checks on residents.

h. In a disaster that results in mass evacuations, it is likely that attempts at reunifying families will have to occur at Reception Centers along the evacuation route(s).

    I. CD staff can make themselves, and their skills, available at Reception Centers.

10. Assure payments are made to resource families for caring for children

a. Efforts should be made to encourage resource families to sign up for direct deposit.

    I. This will ensure automatic deposit of funds when it is not possible for checks to be mailed. (Note that this is mandated for state employee paychecks.)

    II. The convenience and safety of direct deposit will be even more beneficial in higher-level disasters, as payment processing and mailing services will be less likely to be available.

b. For those providers who do not take advantage of direct deposit, processes are in place for reporting lost checks and activating replacement checks.

       I.   In addition, local communities place a priority on restoration of services like mail delivery as a part of immediate recovery efforts.

    c.   CD staff who are aware of potential financial impact to families affected by a disaster should make every effort to assist the family with recovery of these funds.

11. Respond to requests for information/status of children from birth   parents

    a.   Anticipate calls from birth parents, asking the status and location of their children.

       I.   Reassure them regarding their children's welfare and share, to the extent appropriate, the whereabouts of their children, if relocation has occurred.

       II.   In a widespread or lengthy disaster, this will be more difficult and should, again, be prioritized behind assuring that health, safety and well-being of children have been addressed.

       III.   However, staff should bear in mind that we have a responsibility to birth parents to keep their children safe and to provide them with assurance that we are meeting that mandate.

12. Assure the confidentiality of foster children, to the greatest degree possible during the emergency or disaster

    a.   Staff and resource providers are to remember that part of ensuring the safety of foster children is ensuring their confidentiality and their right to privacy under the Health Insurance Portability and Accountability Act (HIPAA).

    b.   This also includes safeguarding them from media exposure, to the greatest extent possible.

    c.   The unexpected occurrences and chaotic nature of a disaster or emergency might result in children being unintentionally placed at risk from offenders, or the possibility of a parent abduction. It is critical that confidentiality remain at the highest level possible to safeguard children.

13. Consider congregate sheltering as a last resort for children in the state's custody

    a.   Congregate sheltering provides a critical service to families displaced from their homes by disasters or emergencies. However, its nature allows for little privacy, structure or stability and proves to be difficult for many people. For children in the division's custody who have experienced past trauma or who have special medical or psychological needs, it provides the least desirable

housing option. For this reason, the division encourages disaster planning for individuals, families and facilities.

I. However, should it be necessary, as a last resort, to shelter children in the division's custody in general-population emergency shelters, it will be critical that the children be well-supervised by agency staff or a designee, resource families, contractors.

II. Children's Division may be looking to other department personnel for assistance with this situation.

III. General population sheltering should be considered a very temporary situation, to be used until additional resources can arrive.

IV. In some situations, shelters are able to offer some segregation options to families and those with special needs. Shelter managers can assist families and staff with making accommodations.

V. CD staff should work with local emergency management officials to determine which shelters would be the best options in the event that congregate sheltering is necessary.

b. In planning for large-scale disasters, individual circuits should consider, as a last resort, the possibility of establishing temporary shelters strictly to house children in our custody.

I. Such plans should include the ways we would be able to partner with residential agencies to use existing empty beds, or with other local resources – including shelter experts like the Red Cross and the Salvation Army, as well as FSD staff – to assure the children's needs are met in the shelter.

CFS-101, Part III
U.S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0980-0047
Approved through July 31, 2011

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2008: October 1, 2007 through September 30, 2008

1. State or Indian Tribal Organization (ITO): MO	2. EIN:	3. Address: Children's Division, 615 Howerton Ct., Jefferson City, MO 65109				
4. Submission: [X] New [ ] Revision						
Description of Funds	*Estimated Expenditures*	*Actual Expenditures*	*Number served*		*Population served*	*Geographic area served*
			Individuals	*Families*		
5. Total title IV-B, subpart 1 funds	$ 5,724,941	$ 5,661,511	74,619		State	Missouri
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	$ 400,745	$ 322,036				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	$ 9,503,673	$ 9,591,352		10,856	State	Missouri
a) Family Preservation Services	$ 3,516,359	$ 3,548,800				
b) Family Support Services	$ 5,417,094	$ 5,467,071				
c) Time-Limited Family Reunification Services	$ 570,220	$ 575,481				
d) Adoption Promotion and Support Services	$	$				
e) Other Service Related Activities (e.g. planning)	$	$				
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	$	$				
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	$	$				
a) Administrative Costs (not to exceed 10% of MCV allotment)	$	$				
8. Total Chafee Foster Care Independence Program (CFCIP) funds	$ 2,928,213	$ 2,928,213				
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$ -	38,925				
9. Total Education and Training Voucher (ETV) funds	$ 890,200	$ 1,054,700	347		Eligible Youth	Missouri
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2008_____.						
Signature and Title of State/Tribal Agency Official	*Date*	*Signature and Title of Central Office Official*				*Date*

CFS-101, Part I
U.S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0980-0047
Approved through July 31, 2011

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2011, October 1, 2010 through September 30, 2011

1. State or Indian Tribal Organization (ITO): Missouri	**2**. EIN:
3. Address: Children's Division, 615 Howerton Ct., Jefferson City, MO 65109	**4**. Submission: [X] New [ ] Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	$ 5,564,082
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	$ 445,127
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	$ 10,940,801
a) Total Family Preservation Services	$ 4,157,504
b) Total Family Support Services	$ 5,908,033
c) Total Time-Limited Family Reunification Services	$ 875,264
d) Total Adoption Promotion and Support Services	$ -
e) Total for Other Service Related Activities (e.g. planning)	$ -
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)	$ -
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	$ 704,609
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	$ -
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:	$ -
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS $_____, PSSF $_____, and/or MCV(States only)$_____.	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $4,031,713.11, PSSF $____0.00_____, and/or MCV(States only)$___0.00_____.	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	$ 499,509
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	$ 3,450,618
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	41,163
11. Estimated Education and Training Voucher (ETV) funds	$ 925,460
12. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	$ -
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	$ -
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	$ -
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	$ -
13. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2011.	

Signature and Title of State/Tribal Agency Official	Signature and Title of Central Office Official

CFS-101, Part II
U.S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0980-0047
Approved through July 31, 2011

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO)   Missouri   For FFY OCTOBER 1 , 2010 TO SEPTEMBER 30, 2011

SERVICES/ACTIVITIES	TITLE IV-B (a) Subpart I-CWS	(b) Subpart II-PSSF	(c) Subpart II-MCV *	(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED Individuals	Families	(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	3,060,245	5,908,033		499,509				2,366,947		17,761		State of Missouri
2.) PROTECTIVE SERVICES												
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)	2,058,710	4,157,504						1,554,054		1,662		State of Missouri
4.)TIME-LIMITED FAMILY REUNIFICATION SERVICES		875,264						218,816	978			State of Missouri
5.) ADOPTION PROMOTION AND SUPPORT SERVICES												
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)												
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE							17,802,551	6,157,902	14,257			State of Missouri
(b) GROUP/INST CARE												
8.) ADOPTION SUBSIDY PMTS.							35,850,118	12,400,556	13,000			State of Missouri
9.) GUARDIANSHIP ASSIST. PMTS.												
10.) INDEPENDENT LIVING SERVICES					2,760,494			552,099	3,391		Chafee Eligible Youth	State of Missouri
11.) EDUCATION AND TRAINING VOUCHERS						925,460		185,092	318		Chafee Eligible Youth	State of Missouri
12.) ADMINISTRATIVE COSTS	445,127						44,627,433	44,627,433				
13.) STAFF & EXTERNAL PARTNERS TRAINING							7,105,069	2,368,354				
14.) FOSTER PARENT RECRUITMENT & TRAINING												
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING												
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING												
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING												
18.) TOTAL	5,564,082	10,940,801	704,609	499,509	2,760,494	925,460	105,385,171	70,431,252				

* States Only, Indian Tribes are not required to include information on these programs

COMMUNITY PARTNERSHIP
Working Together to Build Strong Communities

Saving Money

- **Homeless Prevention Services:** Community Partnership facilitates and coordinates the Continuum of Care and its 7 sub-committees, all required to bring approximately $1 million from HUD to our community each year to support housing and homeless prevention services.

- **Compliance Checks/Server Trainings:** Community Partnership secures additional funding for law enforcement to conduct compliance checks, and provides server trainings for alcohol retailers; both essential since Missouri Division of Alcohol and Tobacco Control's Springfield office was closed due to budget cuts.

- **Child Care Payments:** Community Partnership is the only entity offering DSS subsidy training for childcare providers in our region. This training helps the Department eliminate fraud and overpayment, and in the first year it was implemented statewide, saved $19 million.

Improving Services

- **Crisis Nursery:** Staff was instrumental in getting Isabel's House, our local crisis nursery, off the ground and continues to serve on the board, help develop policy, and assist with staff training and promotion.

- **Mandated Reporter Training:** Community Partnership developed a consistent Mandated Reporter Training in response to Greene County's very high rates of child abuse and neglect. We train over 2,000 individuals per year, not including those trained by agencies that have incorporated our curriculum into their training modalities.

- **Housing:** Community Partnership spearheaded the development of a Task Force to address homelessness, leading to the funding of two case managers for The Kitchen; received a grant from the Missouri Housing Trust Fund to provide rent and utility assistance; and partnered with a local business on a low-income housing development where a social worker will be placed on-site to provide wrap-around services designed to lift families out of poverty.

- **Environmental Issues:** The Partnership received grants from the Department of Natural Resources and the EPA to retrofit school busses and public/private fleets, reducing harmful emissions and improving air quality. A Clean Air Action Plan was also submitted to DNR and the EPA, which will be utilized by governing bodies in 15 counties.

Getting Results

- **Substance Abuse Prevention:** Community Partnership works in 21 counties in southwest Missouri providing substance abuse prevention initiatives and interventions. During 2008-09 in our Carthage school-based SPIRIT program, past 30 day use of alcohol was 10.9% as compared to 22.3% for the state, and past 30 day use of marijuana was 4% as compared to 6.1% for the state.

- **CASH Financial Literacy:** Since 2007, Community Partnership's CASH Financial Literacy Initiative has served 241 people through basic budgeting classes. 86% of those we surveyed after one year report they are currently using a budget compared to only 59% at intake.

- **School Attendance:** Over 4,000 students participated in after school programming sponsored by Community Partnership at 16 schools. School attendance for youth involved in this programming was up to 2% higher than non-participating students at 14 of the 16 schools.

Involving Community

- **Volunteers:** Over 10,400 volunteers contributed 40,428 hours, valued at $788,750, for school, neighborhood and community-based programs, collaboratives and initiatives sponsored or organized by Community Partnership.

Developing Resources

- **New Foundations:** Community Partnership and Drury University entered into an agreement to combine resources and talents to achieve mutual goals of environmental protection and will work together to bring additional resources to the region to improve public health and environmental performance.

- **Neighborhood Resource Center (NRC):** Thanks to a generous donation of free space from Cox Health, Community Partnership opened its first NRC, which provides access to copiers, computers, internet service and a lending library of resources for neighborhoods across Springfield. The NRC also offers a volunteer center where committed volunteers share their time to help staff and residents.

- **Free Tax Clinics:** In 2009, more than 27,000 people were served, and $1.1 million returned to working families and residents in our community through the Earned Income Tax Credit filed at free tax clinics provided by Community Partnership, the Across the Lifespan (ATLS) Coalition, United Way, and the Boys and Girls Clubs.

COMMUNITY PARTNERSHIP
Working Together to Build Strong Communities

www.commpartnership.org

Saving Money
Improving Services
Getting Results
Involving Community
Developing Resources

FACT
Family and Community Trust

Community Partnership
is 1 of 21 community partnerships throughout Missouri.

COMMUNITY CARING COUNCIL

937 Broadway, Suite 306 • Cape Girardeau, MO 63701
(573) 651-3747 • www.communitycaringcouncil.org

The Cape Girardeau Community Caring Council is the leader of collaboration, bringing problems and needs to the community for solutions, and effectively managing resources. Our accomplishments include:

Saving Money

- **Sustaining volunteers:** The Community Caring Council arranged for AmeriCorps VISTA volunteers to serve our Missouri Re-entry Program at no cost to our partnership or the community. The volunteers have had successful results with many persons being reintegrated into our community upon release from incarceration.

- **Leveraging funds:** The Council manages a Family Transition Team composed of representatives from several community service agencies who receive client referrals where normal and customary resources are not available. Through collaborative financial partnering with churches, civic groups, local foundations and county government, over 150 individuals and families were assisted in the past year.

Improving Services

- **Mentoring youth:** The Community Caring Council partnered with the Division of Youth Services to bring additional community resources and programming to their Day Treatment programs. This is a challenging project and it will result in many areas of community involvement for their youth and families.

- **Transporting to jobs:** Efficient public transportation has been at the top of the community needs list for years — a need that was reconfirmed by the Council's 2005 Community Assessment. Subsequent efforts by Cape County Transit Authority to establish a city-wide bus system have greatly enhanced public transportation. The Council has acquired additional resources to provide transportation to those who need it for employment. Funding from United Way is carefully administered and has helped many individuals without personal transportation to find and maintain successful employment.

Getting Results

- **Preventing homelessness:** The Community Caring Council addresses homelessness through three grant sources. Our Supportive Housing Program has provided shelter for 27 disabled individuals and their families and our Missouri Housing Trust Fund has assisted with housing deposits for six years. Recent stimulus money was awarded to our partnership to prevent homelessness through rental deposit assistance and monthly rental support. Our Housing Needs Committee is presently supporting a new volunteer effort to open a transitional housing shelter in the city of Cape Girardeau.

- **Supporting families:** Funding to the Council from United Way provides multiple sessions of *Building Strong Families* and *Family Wellness* classes offered at no cost to parents, grandparents and caregivers. Two monthly calendars, promoting Family Fun and Learning Activities and Successful Parenting training opportunities, are distributed throughout the community. Over 12 community partners are members of our Parent and Community Education Committee who ensure that learning opportunities and support for families are ongoing throughout the year.

Involving Community

- **Graduating youth:** In January 2009, the United Way Community Impact Committee and the Community Caring Council convened an Education Solutions Team with over 50 educators and community leaders to explore ways to improve the graduation rate in Cape Girardeau School District. The team will review school district performance data and present an action plan incorporating the Communities in Schools concept and methods of practice.

- **Assessing senior needs:** The Council's most active and long-standing committee is the Aging Committee. This dedicated group examines senior issues and finds resources to address them. The committee was awarded a grant from the county's Senior Citizens Fund Board to implement a needs assessment of all seniors in the county. This survey addresses safety and security, independent living, nutrition, health care and recreation. Results will be used to determine future committee strategies and to help the Fund Board make effective funding decisions to address gaps in senior services.

Developing Resources

- **Reintegrating offenders:** The Community Caring Council opened its Re-entry Opportunity Center in June 2009 with funding from Missouri Department of Corrections. The Center offers a computer lab with internet access and personal assistance in writing résumés, submitting job applications and preparing for job interviews. A series of Life Skills classes are also offered each week, providing support as offenders seek employment to become self-sufficient.

- **Screening youth:** The Council's Oral Health Coordinator contacts schools and day cares throughout Cape Girardeau County and engages dentists, dental hygienists and dental assistants to volunteer their services for annual dental screenings and bi-annual fluoride varnish applications. Screening supplies are provided by the Missouri Oral Health Preventive Services Program at no cost to the community. Our Oral Health Coalition has secured local funding to offer Dental Treatment Scholarships for youth in need.

COMMUNITY CARING COUNCIL

www.communitycaringcouncil.org

Saving Money
Improving Services
Getting Results
Involving Community
Developing Resources

FACT
Family and Community Trust

**Cape Girardeau
Community Caring Council**
is 1 of 21 Community Partnerships throughout Missouri.

Saving Money

- **Collaboration:** JCCP is saving dollars by collaborating with Disability Resource Association to provide ramps for low income individuals with disabilities. The Hammers of Hope program utilizes volunteer labor to construct wheelchair ramps costing 67% less than in the past. Ramps allow citizens to remain in their homes, reducing the need for state funding to place them in group homes and improving their ability to remain active in their community.

- **Leveraging Each Dollar:** Donations are important to all nonprofits. Accurately accounting for those donations, JCCP secures more than $9.00 for each dollar of state support received. Donations stay in our community and strengthen the local economy through purchased services and programs implemented for our citizens.

Improving Services

- **Reaching Out:** Jefferson County's high rate of unfluoridated water sources leads to dental caries. With limited opportunities for low income children to receive appropriate dental education and care, this creates the need for additional dental services. The Dental Coalition provides a platform for identification of gaps in existing services and developing ongoing supports such as the mobile dental van. In addition, clinics like our Give Kids A Smile allows dental professionals to provide volunteer services to children who are un/underinsured and experiencing formidable dental issues.

- **Moving Ideas into Action:** Addressing the need for public transit in Jefferson County, a collaborative effort created and secured funding for Jeffco Express, a general public transportation service. This effort marked the beginning of a culture shift for our county, creating a best practice for what the community can do for its own.

- **Education and Access:** By its nature, JCCP utilizes a web of supports and networking to share information, increase participation and educate leaders and citizens alike. Working towards improving the quality of life within the county, these connections are invaluable in getting information into the hands of those who are eligible for new programs like MO HealthNet.

Getting Results

- **School Readiness:** JCCP's early childhood initiative called the Parenting Network provides training, resources and support to parents. It assesses the developmental levels of 100% of participating children and makes referrals for those who are identified as being below the appropriate developmental level.

- **Reducing Recidivism:** JCCP is working closely with state and community agencies to address the needs of individuals who are at risk to re-enter prison. Results of the Missouri Re-entry Process are impressive: in its first year of providing the Life Skills program, 148 were served, with greater than 95% showing improvement.

Involving Community

- **Bringing People Together:** It's a win-win situation. Through various programs and well-informed connections, JCCP assists with finding a place where people can offer time or expertise in helping a fellow resident. Averaging over 7,000 hours of volunteer service a year, JCCP creates opportunities to spend time and energy making a difference whether you are in a group of 2 or 200.

- **Avoiding Duplication:** By working in collaboration with other agencies, JCCP builds and participates in coalitions, collaborations and focus groups to address community issues. Greater perspective is achieved, varieties of solutions are explored and savings are realized as resources and supports are pooled to tackle Jefferson County issues.

Developing Resources

- **Providing Services:** JCCP's lending library provides resources to parents and providers of early care and education to young children. Training services cover a wide range of topics such as emergency practices, parenting support, health care, and health-related preventions. The Safe Babies Program offers critical education to new parents about safe-sleep environments for infants, training to prevent and raise awareness of S.I.D.S. and Shaken Baby Syndrome, and access to safe-sleep equipment such as cribs and monitors.

- **Strategic Development:** With a diverse Board of Directors and a solid network of connections, JCCP brings service providers and clients to the table to strategically map capacities of agencies and identify gaps in services. Coalitions like the Early Childhood Comprehensive System empower local stakeholders to seek federal, state, local and private funding to address identified gaps and needs.

Jefferson
County
Community
Partnership

www.jccp.org

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Jefferson County Community Partnership
is 1 of 21 Community Partnerships throughout Missouri.

What can Communities do?
Communities are capable of remarkable things, particularly when they are able to work effectively and cooperatively with state agencies. In Metro St. Louis, ARCHS delivers $31.2 million in additional community services with the annual $1.4 million state allocation entrusted to ARCHS via FACT.

Saving Money

- **$21 to $1 Return on State Investment:** As a result of ARCHS' leveraging model (1+1=3), the state's annual investment of $1.4 million for ARCHS in community partnership (FACT/Caring Communities) funding brings a $21 to $1 return on investment. Through its 400 community partners, ARCHS adds **$31.2 million** in additional non-state funding and donated services. *FY 09 data measures the overall economic impact of the partnership that includes direct as well as "leveraged" (in-kind, donated or other cash matches from partners) funding.*

- **State Managed Contract Partnerships:** In partnership with the Missouri Dept. of Social Services, ARCHS manages specific funding for eight St. Louis area not-for-profits. This saves the state considerable time and money through centralized coordination, reporting and contract management. ARCHS also provides detailed technical assistance to organizations to assure maximized results. *Economic impact of partnership:* **$2.1 million**

Improving Services

- **Pre-K/Early Childhood Partnerships:** ARCHS currently supports more than 80 area child care centers with a focus on increasing access and quality (start up and expansion, accreditation, stay at home parents and Educare). More than 3,000 children are served and 150 area jobs impacted. Many of ARCHS' early childhood quality standards are being used as models by the Missouri Dept. of Social Services. *Economic impact of partnership:* **$14 million**

- **After School Partnerships:** ARCHS supports 45 after school locations serving more than 4,000 children each year. Additionally, 260 jobs are supported. ARCHS' after school funding includes a nationally recognized model that leverages state, city and private funds. *Economic impact of partnership:* **$15 million** (includes $400,000 in targeted state funding that is matched dollar for dollar by City of St. Louis and noted corporations such as AB-InBev, Civic Progress, Monsanto, United Way, Wells-Fargo and others).

Getting Results

- **Welfare to Work Partnerships:** Over the past three years, ARCHS has been credited with creating best practices related to the State of Missouri's Community Work Support grant. ARCHS has helped 248 TANF recipients remove sanctions. As well, more than 369 have been placed in transitional job training programs. To date, more than 80 area employers have participated, donating more than $750,000 worth of training and supervision. More than 80 participants have been placed in full time jobs, adding $11,000 per year to each person's household income. ARCHS presented its findings at a federal Welfare Statistics Conference in 2009. *Economic impact of partnership:* **$4 million** (plus additional savings to the state by having TANF recipients in work-related activities and moving off TANF).

- **Ex-Offender Re-entry Job Placement and Mentoring Partnerships:** ARCHS has a history of successfully implementing federally-funded re-entry life skills and job training/placement programs. In 2007 ARCHS implemented a highly successful U.S. Dept. of Labor grant that resulted in 650 ex-offenders being served – 350 of which were placed in jobs valued annually at $5.6 million (vs. a comparable $5.2 million estimated cost to the state to incarcerate the same number of people). In 2009, ARCHS was the only organization in Missouri to be awarded the first round "Second Chance" funding from the U.S. Dept. of Justice. ARCHS is partnering with the Missouri Dept. of Corrections to implement an innovative mentoring program at two Missouri prisons (Pacific and Vandalia, MO). *Economic impact of partnership:* **$9 million**

Involving Community

- **U.S. Dept. of Justice Gang Prevention Partnerships:** More than 2,200 area K-8 students have completed courses taught by area law enforcement officers aimed at improving life skills and decision making to help reduce impact of gangs and drugs. *Economic impact of partnership:* **$500,000**

- **U.S. EPA Environmental Partnerships:** Implementing two federal national demonstration projects aimed at increasing environmental protection for urban and senior residents. To date, more than 300,000 doses of unwanted medicines returned and more than 6.5 tons of hazardous waste collected. ARCHS has been asked to present its findings at federal EPA-related conferences. *Economic impact of partnership:* **$300,000**

- **America's Promise High School Dropout Partnership:** Co-sponsored series of three high school student summits to gain regional input on ways to help reduce high school drop out rates. *Economic impact of partnership:* **$15,000**

- **MOHealthNet Outreach Partnerships:** Provide support to a regional MHN education and outreach committee of community volunteers who annually distribute thousands of MHN enrollment forms and make presentations to schools, places of worship and businesses. *Economic impact of partnership:* **$50,000**

- **City of St. Louis Adult Life Skills and Recreation Partnerships:** Provide courses to young men ages 18-35 on topics ranging from financial literacy to health issues. Includes sports recreation component to help develop relationships with local law enforcement. Specifically asked to manage program by St. Louis Dept. of Parks in coordination with the St. Louis Police Dept. *Economic impact of partnership:* **$55,000**

Developing Resources

- **Ex-Offender Re-entry Partnerships:** Partnership with Missouri Dept. of Corrections, the Lutheran Foundation of St. Louis and other key area ex-offender providers to coordinate and share information about best practices and trends regarding re-entry programming in Metro St. Louis. ARCHS also partners with the Missouri Dept. of Corrections to annually host Missouri's Reentry Conference. *Economic impact of partnership:* **$50,000**

- **Health Partnerships:** Partnership with United Way, BJC and SSM Healthcare to provide social worker services at urban based "Health and Dental Care for Kids" clinic. Focus on St. Louis' diverse immigrant populations. An additional partnership with Crown Vision Center provides eye screenings and eyewear for underinsured or uninsured children. *Economic impact of partnership:* **$3.1 million**

- **Professional Development Partnerships:** ARCHS provides professional development and technical assistance as part of its support to funded partners. This includes clock hour and continuing education credit activities reaching more than 2,000 adults per year with a focus on early childhood, after school and workforce development training. *Economic impact of partnership:* **$250,000**

ARCHS

www.stlarchs.org

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ARCHS
is 1 of 21 Community Partnerships throughout Missouri.

Pemiscot County Initiative Network
P.O. Box 1114, 711 West 3rd
Caruthersville, MO 63830
Phone: 573-333-5301 Fax: 573-333-2160
www.pincp.org

Saving Money

- **Out of school time:** PIN provides a Child Abuse Prevention program which saves thousands of dollars in health care and justice system expenses. Also, PIN provides an academic and recreation program after school hours, to 4,500 students in Pemiscot County annually. The program reduces the dropout rate, improves academic achievement, and provides child care for working parents. To date, PIN has leveraged approximately $8 million for the program, which saves Pemiscot County Public Schools thousands of dollars annually.
- **Support:** In FY09, $168,463 of in-kind support was received by the Community Partnership.
- **Funding:** In FY09, $1,208,987 in grants, contracts, and donations were received by the Community Partnership.

Improving Services

- **MoHealthNet:** PIN has distributed MoHealthNet information (brochures, etc.) to all families in Pemiscot County and assists families in enrolling in the Children's Health Insurance Program and MoHealthNet.
- **Welfare to Work:** Since FY 2000 PIN has provided more than 1,000 Pemiscot County individuals with assistance in finding jobs, on-the-job training, continuing education and career education.
- **Housing:** PIN provides rental assistance, repairs, insurance and other assistance to help low income families keep their homes.
- **Public Transportation:** In FY2000 PIN implemented a public transportation system which provides transportation to approximately 200 adults per year for essential travel to locations such as doctor, grocery store and work.
- **Foster Youth:** PIN provides assistance to foster youth in the Mentoring, Child Abuse and Prevention, Prisoner Re-entry and other programs, helping them with housing, employment, health care, education, and other essential services.

Getting Results

- **Prisoner re-entry:** In FY 2010 PIN implemented a Missouri Community Re-entry Program in cooperation with the Missouri Department of Corrections. The goal is to provide a minimum of 300 offenders (including sex offenders) services including housing, career education, job readiness education, and counseling; parenting and anger management classes; employment services; medical and mental health services; family and financial services; transportation assistance; food, clothing and other basic essentials assistance; and personal identification. Serving these needs will support our efforts to reduce recidivism.
- **Child Welfare:** At least three PIN programs deal directly with the welfare of children by providing parenting classes, child abuse prevention, car safety seats, baby beds, etc., and assisting parents in preparing for and finding jobs. PIN has provided at least $151,435 worth of car safety seats and baby beds to families.

Involving Community

- **Volunteers:** PIN has received volunteer assistance for many activities valued at, on average, approximately $150,000 per year for the past 12 years.
- **Disasters:** PIN provided staff volunteers to the community in the tornado of 2006 and the ice storm of 2009. Activities included organizing short-term assistance and long-term recovery for needy families who were affected by tornado and ice-storm damage.
- **Partnerships:** The Career Education, Teen Parent Mentoring, and Child Abuse Prevention programs provide volunteers to various community organizations for events and activities. For example: Salvation Army "Ringing of the Bells"; Parents As Teachers Christmas party for younger youth; volunteering services to nursing centers; Police Department's Child I.D. Day; community food drives; Christmas in the Park; Back to School Fair; The Day of Hope; University of Mo. Extension; and many other community activities.

Developing Resources

- **New Foundations:** PIN cooperates in the development of new organizations with the objective of improving the quality of life in Pemiscot County.
- **Dental services:** PIN's Child Abuse Prevention Program provides dental assistance to needy children of Pemiscot County.
- **Local Resources Development:** Members of the PIN staff meet regularly with various civic organizations whose goal is to improve economic conditions in the county by increasing job opportunities, entrepreneurship, expansion of existing businesses, etc.

Pemiscot County
Initiative Network

www.pincp.org

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Developing Resources

FACT
Family and Community Trust

Pemiscot County Initiative Network
is 1 of 21 Community Partnerships throughout Missouri.

Families And Communities Together, INC (F.A.C.T.)
142 Jaycee Drive
Hannibal, MO 63401
Phone: 573-221-2285 Fax: 573-221-1606
Website: www.mcfact.org
E-mail: fact@socket.net or ceo@mcfact.org

Saving Money

- **Connecting Resources:** F.A.C.T. supports subsidized child care providers for the Dept. of Social Services, serving 1,200 children and 70 child care providers. Administrative costs are lower, customer service is better and child care providers are being connected to early education training opportunities. Access to quality childcare is increased in Northeast Missouri.

- **Stretching Dollars:** F.A.C.T. tracks and leverages monetary as well as material donations and in-kind services from the local community. In FY09, F.A.C.T was able to leverage $447,888.

Improving Services

- **MO HealthNet:** F.A.C.T. assists in getting families enrolled in the Children's Health Insurance Program and MO HealthNet. F.A.C.T. collaborates with the Family Support Division and provides support when needed. FSD provides local F.A.C.T. Board representation.

- **Community Health:** F.A.C.T. has been directly involved in developing and supporting our local federally qualified health clinic. F.A.C.T. also partners with the American Lung Association, American Cancer Society, local doctors, hospitals, clinics and other organizations to support health education, smoking cessation and clean indoor air policy adoption. F.A.C.T. mentors for area Smokebusters and is an active member of the Breathe Easy Hannibal Coalition.

- **Welfare to Work:** F.A.C.T. partners are working with those on Temporary Assistance to Needy Families to get jobs or training before the household loses state benefits or lifetime eligibility. F.A.C.T. partners with GAMM, a program that helps individuals learn employment skills through hands-on experience, and is an approved GAMM, Experience Works and Community Service site.

- **Housing:** F.A.C.T. collaborates with the American Red Cross, Northeast MO Community Action Corporation and Salvation Army to serve the housing and disaster relief needs of the community.

- **Foster Youth:** F.A.C.T. works directly with foster parents offering resources, training and services. Local foster parents have advisory representation on the F.A.C.T. Board.

Getting Results

- **Prisoner Re-entry:** F.A.C.T. works closely with the Department of Corrections and Juvenile Office, chairs the Northeast Missouri MRP Steering Committee, and partners with community agencies on prisoner re-entry, juvenile offenses and the needs of ex-offenders to reduce recidivism and integrate this population into the Northeast Missouri community.

- **Child Welfare:** F.A.C.T. collaborates with the domestic violence shelter Avenues, the Marion County Health Department, the Juvenile Office, local mental health providers, childcare providers, Parents As Teachers, Head Start, and the Family Support Division. F.A.C.T. provides Love & Logic training to help parents raise their children in a peaceful, loving atmosphere.

- **School Success:** The "Show Me Friends Mentoring Program" is a F.A.C.T. initiative offered to Marion County school districts. Volunteers serve as mentors for children, taking time to make a difference in their lives and helping them achieve success in school.

Involving Community

- **Volunteers:** F.A.C.T. has volunteers from many nonprofits, schools, agencies and corporations. They are placed with programs that need and benefit from volunteer service such as the F.A.C.T. Show Me Friends mentoring program. F.A.C.T. is also a registered Disney Volunteer organization.

- **Disasters:** F.A.C.T. helps communities respond to disasters such as the recent flooding of the Mississippi River. Volunteers came from all over to sandbag, serve food, help remove those in danger and counsel those devastated by the flood waters.

- **Family Support:** The Back to School Health Fair provides haircuts, eye exams, school physicals, hearing tests and dental exams to area elementary and middle school students. In the past two years, over 1,500 students were given a backpack filled with school supplies.

Developing Resources

- **New Coalitions:** F.A.C.T was instrumental in forming several new coalitions including CORA (Council of Related Agencies), PATH (Peace At Home), HAYS (Hannibal Alliance for Youth Success) and Breathe Easy Hannibal.

- **Health Services:** F.A.C.T. and the Community Health Center have created a survey for children in need of dental sealants. The Dental Center will be operational in Marion County by August 1, 2010.

- **Resource Guide:** The F.A.C.T. sponsored program Educare has created an online resource guide and extensive lending library for childcare providers. F.A.C.T. also has an online resource guide for the MRP population and those in need of housing and emergency services.

www.mcfact.org

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Families And Communities Together, INC
is 1 of 21 Community Partnerships throughout Missouri.

Saving Money

- **Stretching the Dollars:** Northeast Missouri Caring Communities (NEMOCC) partners with non-profits, libraries, schools, city halls, churches and nursing homes to minimize costs associated with renting space to house programs, presentations, and classes. Annually these partnerships save over $50,850.

- **Leveraging the Dollars:** $10.41 for every $1.00 invested in Faith-Based Trainings: NEMOCC provides monthly trainings for pastors and faith leaders to develop skills to assist congregation members with accessing services, making referrals, counseling skills, developing family budgets, disaster preparedness, and other topics. Participants come from 10 counties – Knox, Schuyler, Clark, Shelby, Macon, Adair, Linn, Sullivan, Putnam and Lewis – with over 625 church leaders attending.

Improving Services

- **MoHealthNet:** NEMOCC distributed 5,000 brochures to seven northeast Missouri school districts, which distributed the brochures with each child's grade card, thus assuring all families received information on enrolling in MoHealthNet.

- **After-School Transportation:** NEMOCC partners with the local school district to provide late buses for rural families whose children participate in after-school activities including tutoring, supervised homework/absent work, Special Olympics, physical exercise, character education and more.

- **Rural Public Transportation:** NEMOCC partners with community members on an annual fundraiser to provide door-stop rural public transportation. The Oats bus collects fares from those who utilize this service, but no ride is denied if a rider is unable to donate.

- **Continuing Education for Child Care Providers:** NEMOCC provides early education training to child care providers. In FY10 we offered 12 three-hour training sessions, held at three different sites to allow greater provider participation. We also provided an additional 20 hours of curriculum-specific trainings. In all, 29 providers from six counties participated.

- **Baby Bright:** NEMOCC provides a nurse to collaborate with Parents as Teachers, Early Headstart, and others to provide monthly home visits during the first year of a child's life. Participants must meet income eligibility requirements and are generally considered "at-risk." The Baby Bright program assists families with pre-literacy skills and identifies areas of concern, allowing for earlier intervention.

Getting Results

- **Adult Education and Literacy:** Our GED classes are offered at sites in rural communities in five counties, making them accessible to participants, many of them lacking transportation, who would otherwise have to travel 40-plus miles, one-way, for a GED class. We partner with libraries, city halls, nursing homes, businesses, education centers, and the courts to provide space and referrals. In the past two years 175 students have participated, with 25 receiving their GED and four currently testing.

- **Family Well-Being:** NEMOCC provides counseling services to youth and parents at no cost to families. Services are offered at schools and homes, reducing barriers to access. Sessions include positive parenting techniques.

- **Tutoring:** NEMOCC contracts with local school districts to provide after-school math and reading tutoring to elementary students who are eligible by being at-risk for grade level retention or working below grade level. In Schuyler County 84.7% of tutoring students improved or made adequate progress on pre and post literacy skills testing.
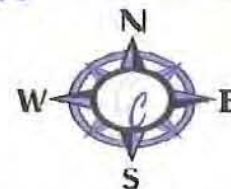
Involving Community

- **Disasters:** NEMOCC assisted the Red Cross and Northeast Medical Reserve in assessing damage, checking on people, staffing the emergency center, and distributing aid after a tornado devastated areas of Adair County in May 2009.

- **Volunteers:** NEMOCC works with local media, businesses, churches, organizations and the Toys-for-Tots program to provide holiday support for low-income/at-risk families and foster children.

- **Hunters Education:** NEMOCC facilitates Hunters Education Classes in Schuyler County using state-certified volunteer instructors. Classes are held at the local school district with Missouri Department of Conservation materials provided at no cost to participants. Volunteers donate prizes of $200 per class. Class sizes average 25 students aged 11-67 years.

- **After-Prom:** NEMOCC works with the local school district, community members, businesses, parents, and organizations to provide high-school students a safe, supervised environment for prom night. NEMOCC coordinates the fundraisers and collects the donated and purchased prizes for the participants.

Developing Resources

- **Med-Evac Helipad:** NEMOCC provided funds for concrete to build an emergency helicopter landing pad in Knox City. The community raised additional funds for labor and maintenance. Helicopter landing sites are vital to our communities where the nearest hospital is over 30 miles away.

- **Schuyler County Youth Organization (SCYO):** NEMOCC provided funds to establish the SCYO in 2003. The organization continues to grow, with soccer league play in the fall. SCYO is now self-supporting.

Northeast Missouri Caring Communities, Inc.

www.nemocc.org

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Northeast Missouri Caring Communities
is 1 of 21 community partnerships throughout Missouri.

The Community Partnership

1101 Hauck Drive, Rolla, MO 65401
(573)368-2849 www.thecommunitypartnership.org

Saving Money

- Every Community Partnership dollar that was appropriated to The Community Partnership in FY09 leveraged $12.82 of additional funds to address community needs and issues. $1,110,026 in additional contracts, grants and financial donations was received. $562,142 of in-kind support was received.

- **Reduced Teen Pregnancy** - Repeat births to teenagers result in significant medical, welfare, and lost education costs to society and the teens. One percent of girls in our Young Parents program had a repeat teen birth over the last two years compared to 19% of all teen mothers in Missouri.

- **Improved Kindergarten Readiness** - Early Care and Education programs invest in the children in our community by providing training and business planning assistance to child care teachers. ECE assisted programs consistently demonstrate higher Kindergarten readiness assessment scores than non-ECE assisted programs which reduces the need for remedial education services.

Improving Services

- **Training Childcare Teachers** - The Community Partnership supports childcare teachers with training opportunities to help them better care for children. When children are safe and learning, parents are better able to work and support their families.

- **Preparing Foster Youth** - The Chafee program works to prepare foster youth for independence. Through individualized life skills training, educational planning, and financial assistance, we provide tools youth need to be successful adults.

- **Removing Employment Barriers** - The Community Work Support Program works with families receiving temporary assistance and supports them in becoming economically self-sufficient. By helping them overcome barriers that prevent their return to work, we empower them to meet their TANF requirements and to reenter the work force.

Getting Results

- **Supporting Families** - Capable Kids and Families provides rehabilitative therapy equipment to families with children with special needs, helping increase developmental gains.

- **Empowering Families** - 83% of clients participating in the Community Work Support program have either had their temporary assistance (TANF) sanctions lifted or prevented - allowing them to pursue work or continue working.

- **Obesity Prevention** - Our Fit Phelps program focuses on reducing and preventing obesity through community awareness events, fitness challenges in schools, nutrition education, and environmental change.

Involving Community

- **Community Mentoring** - Volunteer community mentors serve as a support system and positive role model to our young parents. Our mentors teach and encourage our participants through the promotion of positive parenting skills, personal development, employment and educational goals.

- **Linking Hearts** - Linking Hearts is a state-wide adoption event that gives youth of all ages seeking permanent homes the opportunity to interact with families interested in becoming foster and/or adoptive parents. Linking Hearts is run entirely by community volunteers.

- **Community Assistance** - The Partnership Resale Shop helps needy families by providing store vouchers to local charities and agencies.

- **Volunteer hours** - 21,443 volunteer hours were devoted to The Community Partnership initiatives in FY09.

Developing Resources

- **Transportation**- The MOTOR (Making Opportunities for Transportation Ownership a Reality) program allows clients on TANF with poor or no credit to finance reliable transportation.

- **Uniting Families** - The Transportation Assistance Grant works with the families of youth who are in State custody. TAG provides gas vouchers for family visits, individual counseling, family therapy, psychological evaluations and court appearances.

- **Children's Dental Services** - The Community Partnership secured funding for a mobile dental unit that serves a seven-county area. The Smile Mobile has provided 11,500 children with over 40,000 dental treatments including sealants, cleanings and restorative care.

The Community Partnership

www.thecommunitypartnership.org

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The Community Partnership
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CARING COMMUNITY
Randolph County

Randolph County Caring Community
423 East Logan, Moberly, MO 65270
Phone: 660-263-7173
www.rccaringcommunity.org

Saving Money

- The Randolph County Caring Community Partnership offers "Transformational Services" that help individuals and families transition from governmental assistance and dependency on poverty inducing systems to a place of economic self sufficiency. Families are provided skills for work preparation and job search.

- Provided services through the "Pathway to Reentry" program for over 75 unduplicated ex-offenders, reducing the county recidivism rate and saving our county dollars.

Improving Services

- The Randolph County Caring Community Partnership has developed a "One Stop Shop" Family Resource Center to assist individuals locating resources and maximizing services.

- Provides coordinated service delivery through Family Support Team Meetings. This "family-driven" process offers a multi-agency approach to helping families become healthy and self-reliant.

- Focuses on system-wide coordination improvement with local state agencies representing the Department of Social Services, Department of Elementary and Secondary Education, Department of Mental Health, Department of Corrections, and Department of Transportation.

Getting Results

- The Randolph County Caring Community Partnership's Even Start Family Literacy Program has served over 150 families and 300 plus children with parent education and child development activities. To date, 44 program participants have returned to school to complete and receive either a high school diploma or GED. Many have continued to post-secondary education or into the workforce.

- The "Project HOPE" Child Abuse and Neglect Prevention Project has provided services for over 175 families and their children and allowed them to remain intact. In addition, 70 families have participated in parent enrichment and support group sessions.

- The Randolph County Caring Community Partnership leveraged an additional $769,331 through state contracts and grants from private foundations.

Involving Community

- The Randolph County Caring Community Partnership engages community residents and key stakeholders in the local decision-making process through Five County-Wide Action Teams designed to address emerging community issues.

- Uses the Community Readiness Model to develop and implement prevention efforts and programming that enhances the quality of life for all residents.

Developing Resources

- The Randolph County Caring Community Partnership secured funding from the Missouri Department of Transportation and local support to provide public transportation through its Magic City Express program. Over 1,500 one-way rides are provided to residents monthly.

- Provides capacity building and training on grant writing, program development, and fund development for local partners at no cost, enabling them to operate more efficiently and effectively.

CARING COMMUNITY
Randolph County

www.rccaringcommunity.org

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Randolph County Caring Community
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New Madrid County Human Resources Council
Community Partnership
420 Virginia Avenue, New Madrid, MO 63869
Phone: 573-748-2708 Fax: 573-748-2467
www.nmcfamilyresourcecenter.com

Saving Money

- **Leveraging Dollars:** The New Madrid County Community Partnership in FY10 is leveraging $4 for every community partnership dollar received.

- **Reduced costs to the State/Medicaid:** The New Madrid County Community Partnership assists in significantly reducing Medicaid costs associated with teen childbearing as well as costs to the State associated with child welfare, incarceration and lost tax revenue due to decreased earnings and spending. Savings are achieved by mentoring at-risk youth and teen parents and providing them with the tools necessary to stop repeat pregnancies, increase graduation rates and improve their quality of life.

Improving Services

- **Improving Access to Resources:** The New Madrid County Community Partnership oversees a Family Resource Center for all community members in New Madrid County. The Center offers access to services that lead to self sufficiency: job search/readiness, child development, clothing, mentoring, parenting, life skills, food, housing and access to technology. The Center serves approximately 7,600 community members per year.

- **MoHealthNet:** The New Madrid County Community Partnership assists in getting families enrolled in the Children's Health Insurance Program and MoHealthNet. This direct contact with families is an effective outreach effort supporting state eligibility workers.

- **At Risk Youth:** The New Madrid County Community Partnership works directly with Division of Youth Services to facilitate training in life skills, mentoring, parenting, Becoming a Responsible Teen and job shadowing to give at-risk youth the tools necessary to lead productive lives.

Getting Results

- **Prisoner Re-Entry:** The New Madrid County Community Partnership works closely with the Department of Corrections, Probation and Parole on prisoner re-entry. To date more than 194 ex-offenders have been served; 139 graduated from training programs; and 49 ex-offenders found employment.

- **Child Welfare:** Successful strategies have been implemented in New Madrid County to reduce instances of child abuse and neglect by wrapping services around families to reduce stress and teach coping skills. In FY09, 202 families were served, with 60% showing a decrease in risk of child abuse and neglect. The child abuse and neglect rate for New Madrid County has steadily decreased over the past years from 49.6 in 2005 to 38.8 in 2008.

Involving Community

- **Volunteers:** The New Madrid County Community Partnership logged over 5,575 community volunteer hours in FY 09, valued at $104,614.

- **Disasters:** The New Madrid County Community Partnership works closely with the community to respond to disasters. The Partnership facilitates the Long Term Recovery Team and is a member of the Board of the Citizens Corps of New Madrid County. During the 2009 ice storm, the Partnership worked with over 325 families for debris and tree removal.

Developing Resources

- **Skatepark:** The New Madrid County Community Partnership facilitated the construction of a skatepark for youth by securing donations from local businesses for 75% of cost and a grant for 25%. The skatepark promotes healthy activities and gets the youth up and moving.

- **Safety Uniforms for Firemen:** The New Madrid County Community Partnership secured funding for the City of New Madrid Firemen to replace outdated uniforms. The new uniforms will save lives and protect those who protect the community.

www.nmcfamilyresourcecenter.com

Saving Money
Improving Services
Getting Results
Involving Community
Developing Resources

FACT
Family and Community Tools

New Madrid County Human Resources Council
Community Partnership
is 1 of 21 community partnerships throughout Missouri.